

Name  
in  
Full

Minnie Josephine Barnard

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Cumberland			County	MARYLAND	
Date of death 1903	Month 4	Day 19	Age 6	Years	Months	Days
Sex Female	Color or Race White	Occupation			Birth-place Md	
Married, Single or Widowed	Single					
Name of Wife or Husband						
Father's Name	William Barnard			Father's Birthplace	Md	
Mother's Maiden Name	Emma Gabler			Mother's Birthplace	Md	
Name of person giving information	William Barnard			How related to deceased	Father	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Acute cellulitis	How long	10 days
Immediate	—	How long	

Are the name, age, sex, color, date and place correctly given above?

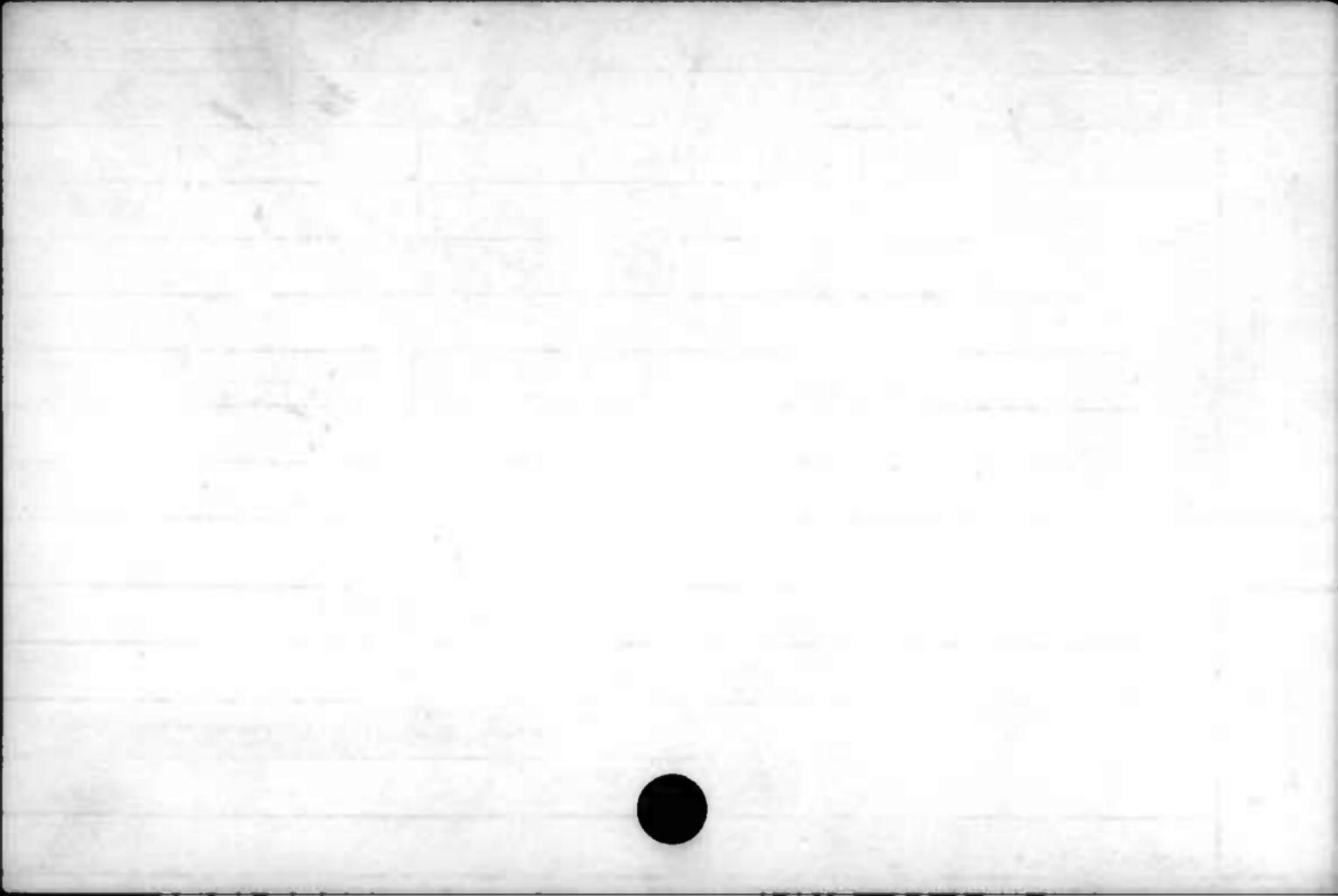
Signature of Physician

Yes  
W.M. Wiley

Address

Cumberland Md

Accident or Suicide?



Name  
in  
Full

Marie Berg

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Tankard Avenue	Town	County	MARYLAND		
Date of death	1903	Month April	Day 8	Years 84	Months	Days
Sex	Females	Color or Race	White	Birth-place	Germany	
Married, Single or Widowed	Widow	Occupation	—			
Name of Wife or Husband						
Father's Name						
Mother's Maiden Name						
Name of person giving information	Sieg Lubitsch					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Pneumonia

How long

10 days

Immediate

Heart failure

How long

12 hours

Are the name, age, sex, color, date and place correctly given above?

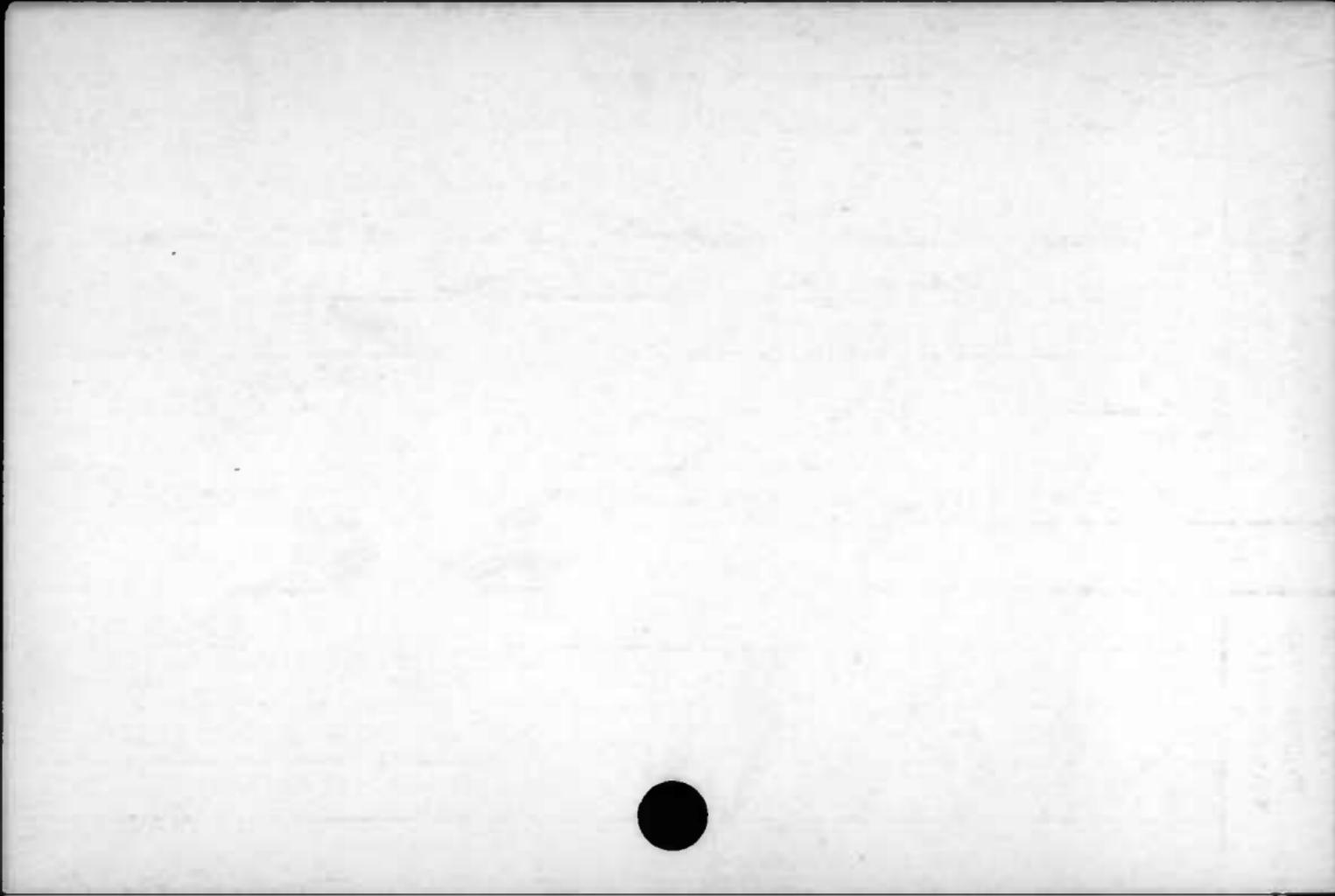
Signature of Physician

Address

J. Moore Wilson

Baltimore Md.

Accident or Suicide?



Name  
in  
Full

William M. Broaslon

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town	County					
Died at <u>Cumberland</u>	<u>Alleghany</u>					
Date of death 190 <u>3</u>	Month <u>4</u>	Day <u>28</u>	Age <u>65</u>	Years	Months	Days
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Frankl. Pa.</u>				
Married, Single or Widowed <u>Married</u>	Occupation <u>Insurance Agent.</u>					
Name of Wife or Husband <u>Sarah H. Broaslon</u>						
Father's Name <u>R. S. Broaslon</u>	Father's Birthplace <u>Pw</u>					
Mother's Maiden Name <u>Sarah Neogus</u>	Mother's Birthplace <u>Pw</u>					
Name of person giving information <u>Mrs. J. F. Swick -</u>	How related to deceased <u>Daughter</u>					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Consumption (Tuberculosis)

How long

3 mos

Immediate

Exhaustion

How long

2 weeks

Are the name, age, sex, color, date and place correctly given above?

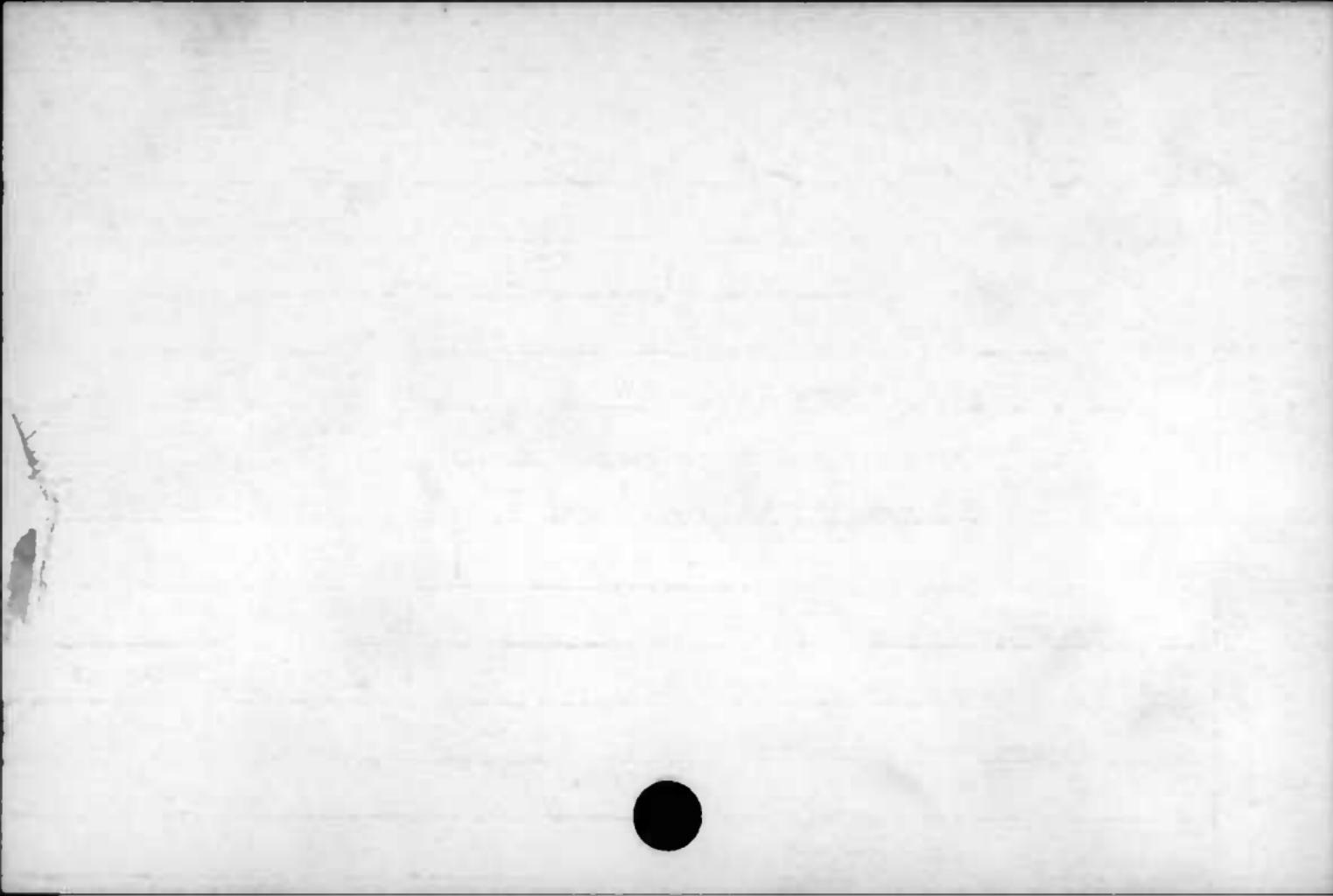
yes

Signature of Physician

Address

W. F. Swick,  
Cumberland,  
Md.

Accident or Suicide?



Name  
in  
Full

Paul Virginia Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Lumberland

Town Allegany  
County Allegany

MARYLAND

Date of death 1903

Month April

Day 8

Years 2

Months 4

Days -

Sex Male

Color or Race Black

Birth-place Lumberland Md

Married, Single or Widowed Single

Occupation Infant

Name of Wife or Husband -

Father's Name John Brown

Father's Birthplace W. Va

Mother's Maiden Name Minnie Lane

Mother's Birthplace W. Va

Name of person giving information John Brown

How related to deceased Father

CAUSES OF DEATH

Primary

Meningitis b1  
Convulsions

How long one week

Immediate

How long 2 days

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

E. J. Dyer M.D.  
Lumberland Md  
X

Accident Yes Suicide No



Name  
in  
Full

Susie Etzber

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Town	County	MARYLAND
Died at <u>Lonaconing</u>	during <u>allergies</u>	
Date of death 1903	Month April	Day 29
Age <u>3</u>	Years <u>—</u>	Month <u>—</u>
Sex <u>Female</u>	Color or Race <u>White</u>	Days <u>One</u>
Married Single or Widowed	Occupation	
Name of Wife or Husband		
Father's Name <u>Fredrick Etzber Jr</u>	Father's Birthplace <u>Lonaconing</u>	
Mother's Maiden Name <u>Maggie Hendersong</u>	Mother's Birthplace <u>Lonaconing</u>	
Name of person giving information <u>Mrs. Fred Etzber Jr</u>	How related to deceased <u>Mother</u>	

CAUSES OF DEATH

151

PHYSICIAN  
OR CORONER

Primary	Premature birth (7 mos)	How long
Immediate	Deficient vitality	How long <u>24 hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>W.B. Skilling</u>
		Address <u>Lonaconing</u>
Accident or Suicide?		



Name  
in  
Full

James Thomas Dawson

CERTIFICATE OF DEATH

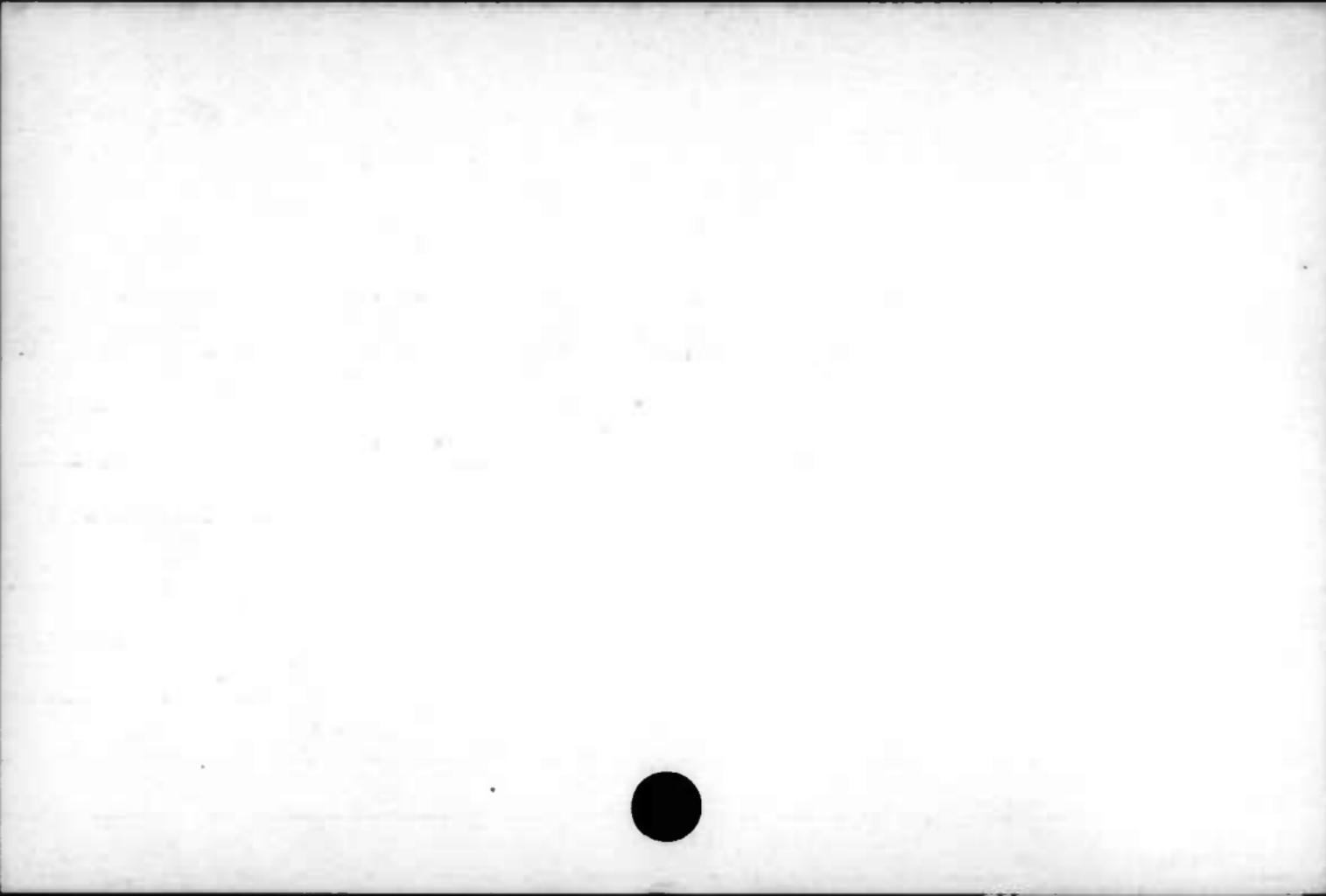
TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND
Gilmores	Allegany		
Date of death 1903	Month April	Day 27 <sup>th</sup>	Years —
Age —	Months One	Days 20	
Sex Male	Color or Race White	Birth-place Gilmores	
Married, Single or Widowed —	Occupation —		
Name of Wife or Husband —			
Father's Name James A. Dawson	Father's Birthplace Ocean City		
Mother's Maiden Name Annie B Lancaster	Mother's Birthplace "	"	"
Name of person giving information —		How related to deceased —	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Bronchitis	How long Five days
Immediate	70	How long "
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician Al Smith
		Address Maryland Md
Accident or Suicide?		



Name  
in  
Full

John Dayton

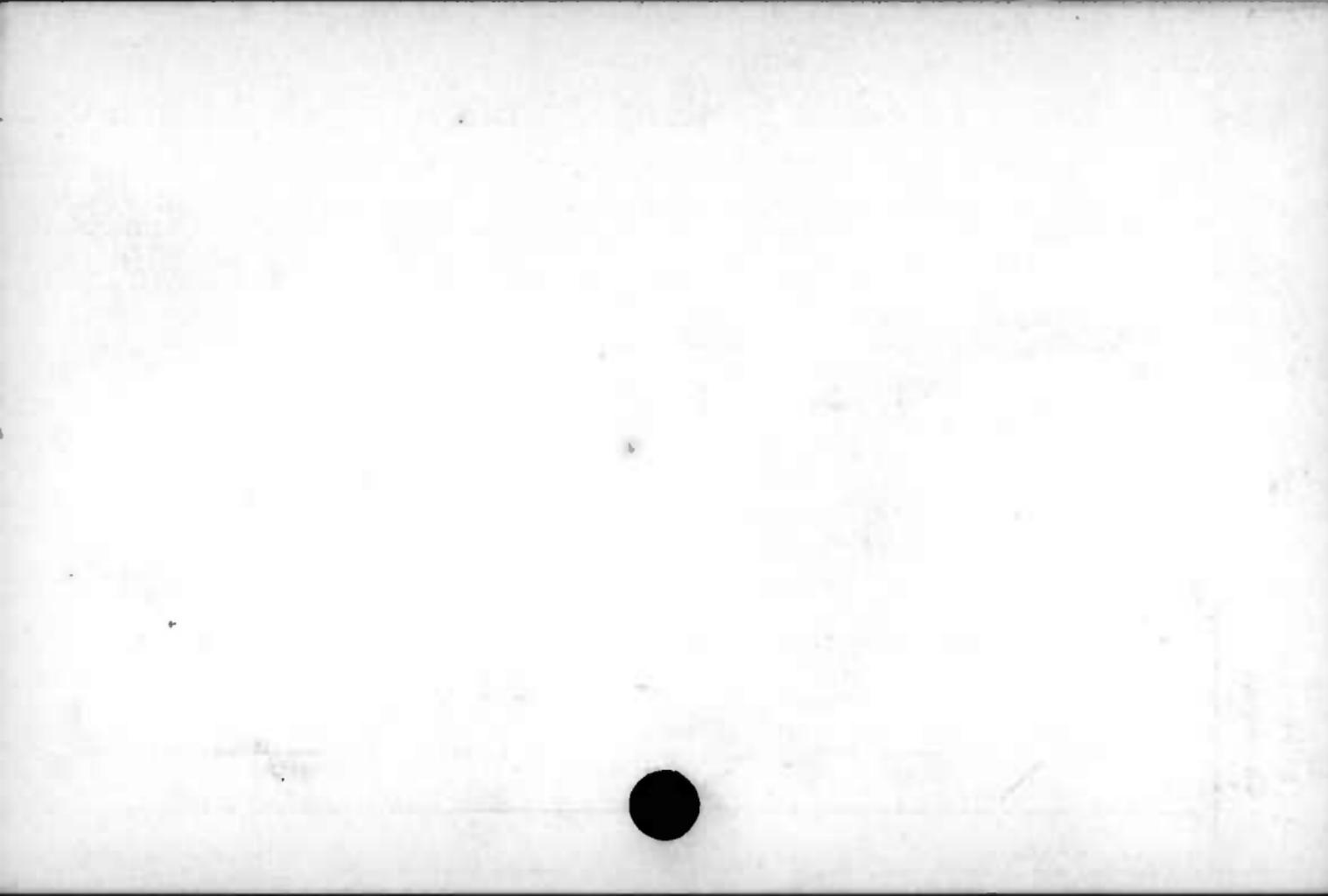
CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death 1903	Month	Day	Years	Months	Days		
april		30	5	X	27		
Sex	Boy	Color or Race	White	Birth-place	Westernport		
Married, Single or Widowed		Occupation		Child			
Name of Wife or Husband							
Father's Name		C. F. Dayton		Father's Birthplace	allegany Co		
Mother's Maiden Name		Agnes M. Falcim		Mother's Birthplace	allegany Co		
Name of person giving Information		C. F. Dayton		How related to deceased	Father		

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Typhoid fever	How long	3 weeks
	Immediate	expansion	How long	3 or 4 days
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	J. B. Shupe
			Address	Westernport Md
Accident or Suicide?				



Name  
in  
Full

John Chas Disney

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	1903	Month Ags	Day 23	Age 73	Years 8	Months 1	Days
Sex	Male	Color or Race	White	Birth-place Maryland			
Married, Single or Widowed	Widower		Occupation	Retired			
Name of Wife or Husband							
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving Information				How related to deceased			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Laudanum  
Exhaustive

114

How long

10 days

How long

Immediate

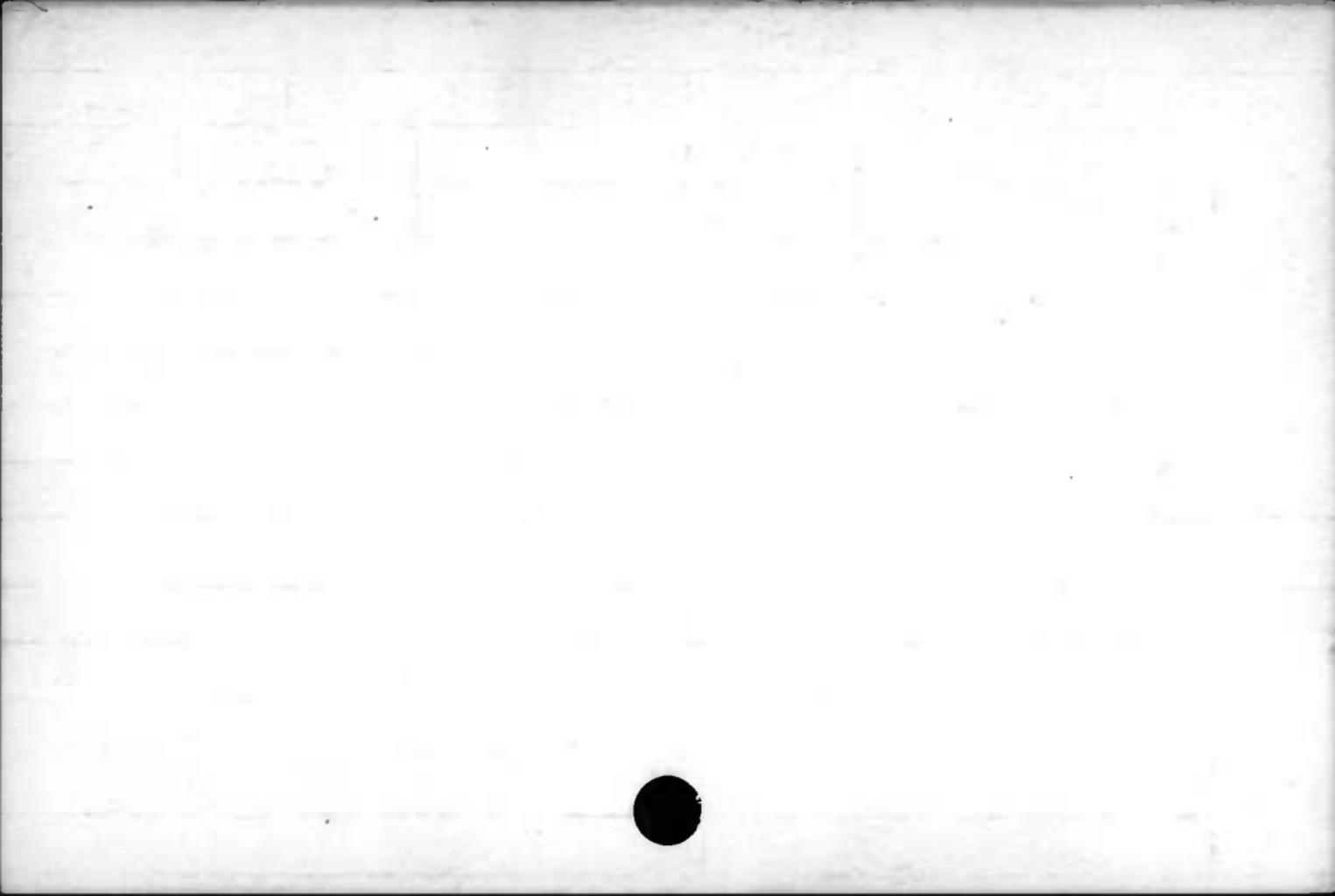
Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

Max. A. Sloan, M.D.  
Cumberland, Md.

Accident or Suicide?



Name  
in  
Full

William D. Donaldson

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 190	Month	Day	Years	Months	Days
Sex	Color or Race	Age	47	Birth-place	Scotland
Married, Single or Widowed	Occupation	Miner.			
Name of Wife	Henrietta Culbertson				
Father's Name	William Donaldson				
Mother's Maiden Name	Amelia Dick				
Name of person giving information	Mrs. Wm. Donaldson				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Angie Paroxysmal Epilepsy

How long

Four months

Immediate

Organic Convulsions

How long

Four days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J. R. Skilling

Lonaconing.

120

Accident or Suicide?



Name  
in  
Full

Annie Doornchuck

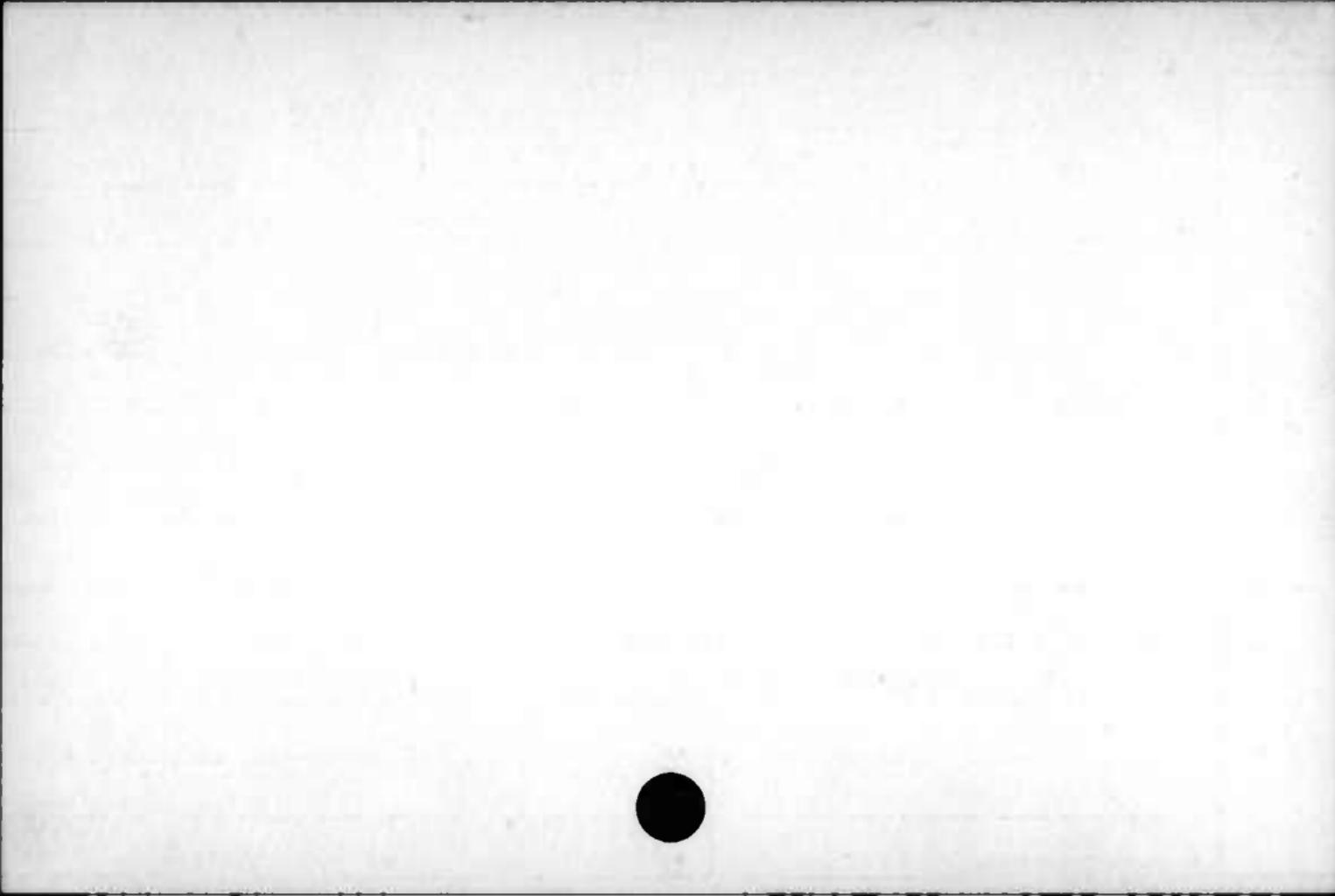
CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Lord</u>		Town <u>Allegany</u>		County <u>MARYLAND</u>	
Date of death <u>1903</u>	Month <u>April</u>	Day <u>15-</u>	Age <u>26</u>	Years	Months <u>-</u> Days <u>-</u>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Austro-Hungary</u>			
Married, Single or Widowed <u>Married</u>			Occupation <u>Housewife</u>		
Name of Wife or Husband <u>Andrew Doornchuck</u>					
Father's Name <u>Daniel Dico</u>					Father's Birthplace <u>Austro-Hungary</u>
Mother's Maiden Name <u>Clanna —</u>					Mother's Birthplace <u>Austro-Hungary</u>
Name of person giving Information <u>Andrew Doornchuck</u>					How related to deceased <u>Husband</u>

CAUSES OF DEATH

Primary <u>Suffusion Cholangitis</u>	How long <u>3 months</u>
Immediate <u>Septicemia</u>	How long <u>1 month</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>James Q. Bullock</u>
	Address <u>Engineering Maryland</u>
'Accident or Suicide?	



Name  
in  
Full

Miles Durkin

CERTIFICATE OF DEATH

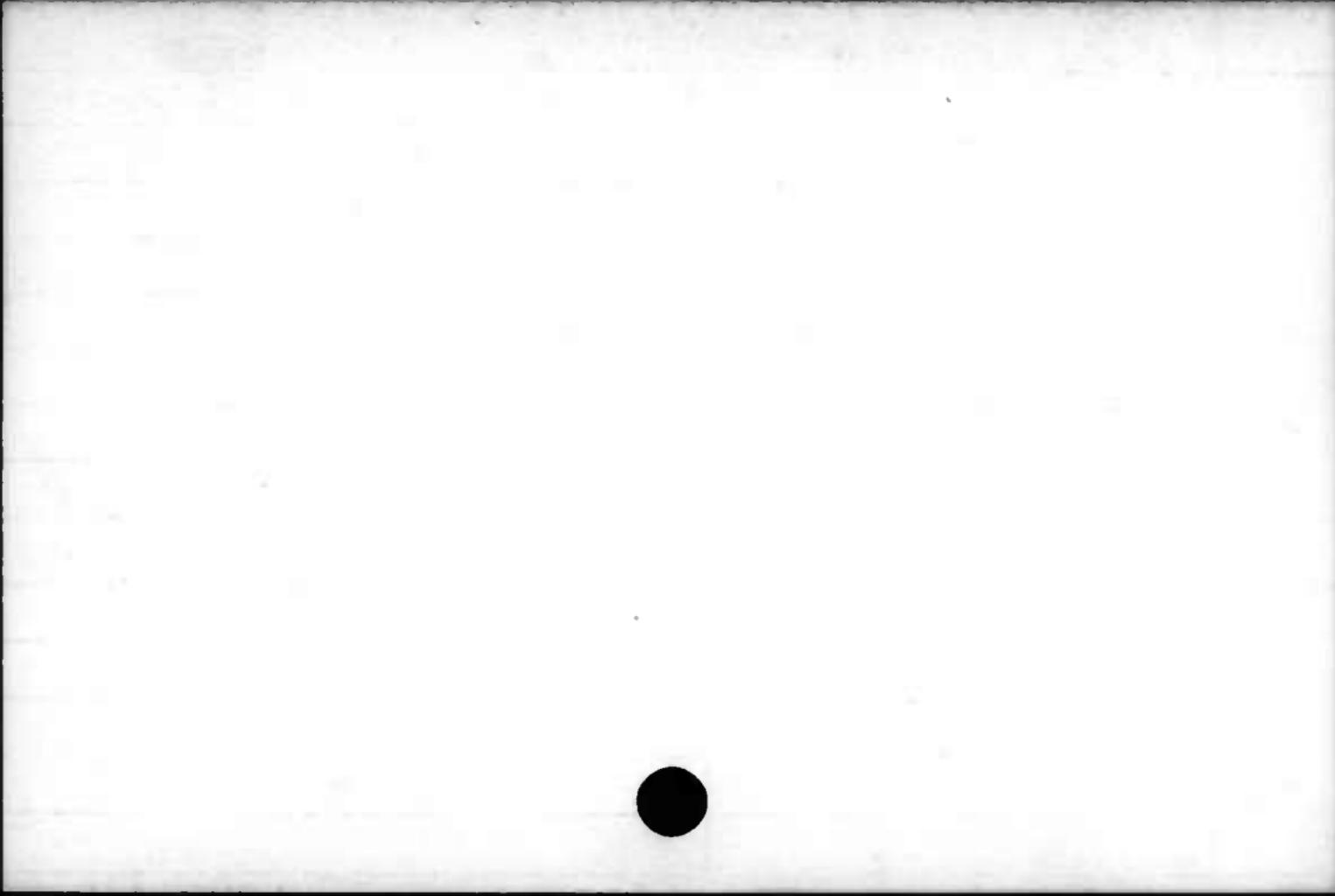
To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1903	Month 4	Day 8	Years 65-	Months	Days
Sex Male	Color or Race White	Birth-place Ireland			
Married, Single or Widowed Widower	Occupation Laborer				
Name of Wife or Husband Annie McHugh					
Father's Name	Ireland				
Mother's Maiden Name	Ireland				
Name of person giving information Jno. T. Boor	None				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Fits or Epilepsy		How long	Several years
Immediate	Unknown		How long	a few hours
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician Address	J.M. Spear Cumberland Md	
Accident or Suicide?				



Name  
in  
Full

Melvin Eichelberger

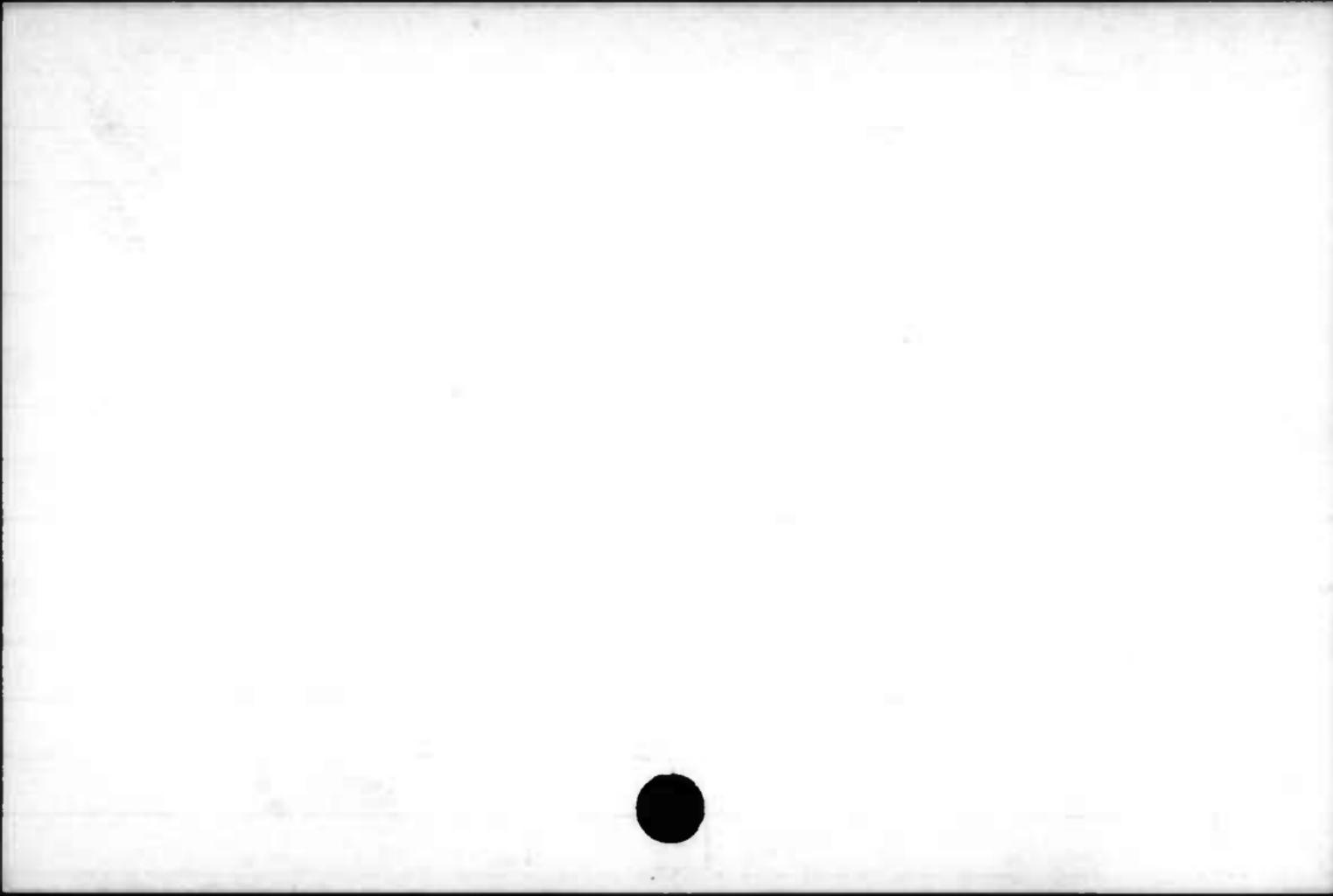
CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1903	Month April	Day 28	Age	Years 7	Months — Days —
Sex Male	Color or Race White	Birth-place —			
Married, Single or Widowed Single	Occupation				
Name of Wife or Husband					
Father's Name	Father's Birthplace				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving Information	How related to deceased				

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Pneumonia Bronchitis	How long	—
	Immediate	Cereb Sp. Meningitis	How long	—
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	E. B. Claybrook	
		Address	Circusland Md.	
Accident or Suicide?		X		



Name  
in  
Full

John A Eschenbacher

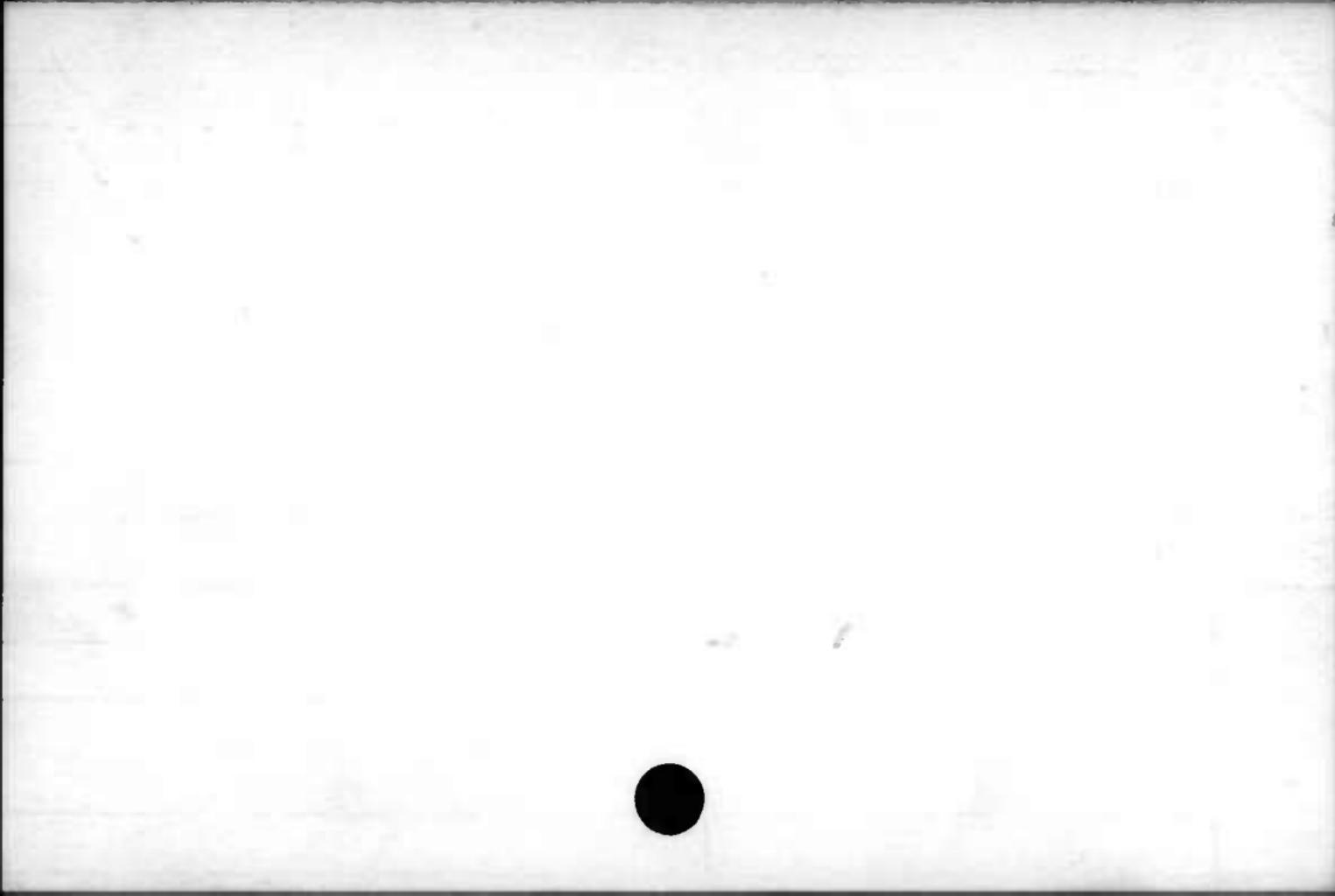
CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1908	Month April	Day 24	Years 58	Months 2	Days 11
Sex Male	Color or Race white	Birth-place Germany			
Married, Single or Widowed	Occupation Rail Roadiff				
Name of Wife or Husband	Annie M Eschenbacher				
Father's Name	Father's Birthplace Germany				
Mother's Maiden Name	Mother's Birthplace Germany				
Name of person giving Information	How related to deceased Daughter				

CAUSES OF DEATH

Primary	Injury of Spine	How long
Immediate	Shock. Paralysis	How long 11 hours
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician
		Address
Accident or Suicide?	Accident	



Name  
in  
Full

Annie Lee Halk

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death 1903	Month 4	Day 28	Years 7	Months — Days —
Sex Female	Color or Race white	Occupation	Birth-place Ohio	
Married, Single or Widowed				
Name of Wife or Husband				
Father's Name	John Halk	Father's Birthplace	—	
Mother's Maiden Name	Alice "	Mother's Birthplace	—	
Name of person giving information	John Halk	How related to deceased	Father	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Meningeous or Diphtheritic Gout.	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	Hob. W. Foay 1903
	Address	Lumberville, Pa
Accident or Suicide?		



Name  
in  
Full

Dave L B Hudson -

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town	County		MARYLAND		
Died at	Acres -				
Date of death 190	Month	Day	Years	Months	Days
1	4	18	44	-	-
Sex	Color or Race	Occupation	Birthplace		
Male	White	Engineer -			
Married, Single or Widowed					
Name of Wife or Husband	May - Libby				
Father's Name	Eugene				
Mother's Maiden Name					
Name of person giving Information	G St. Peter				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Accident

How long

Immediate

Yes

How long

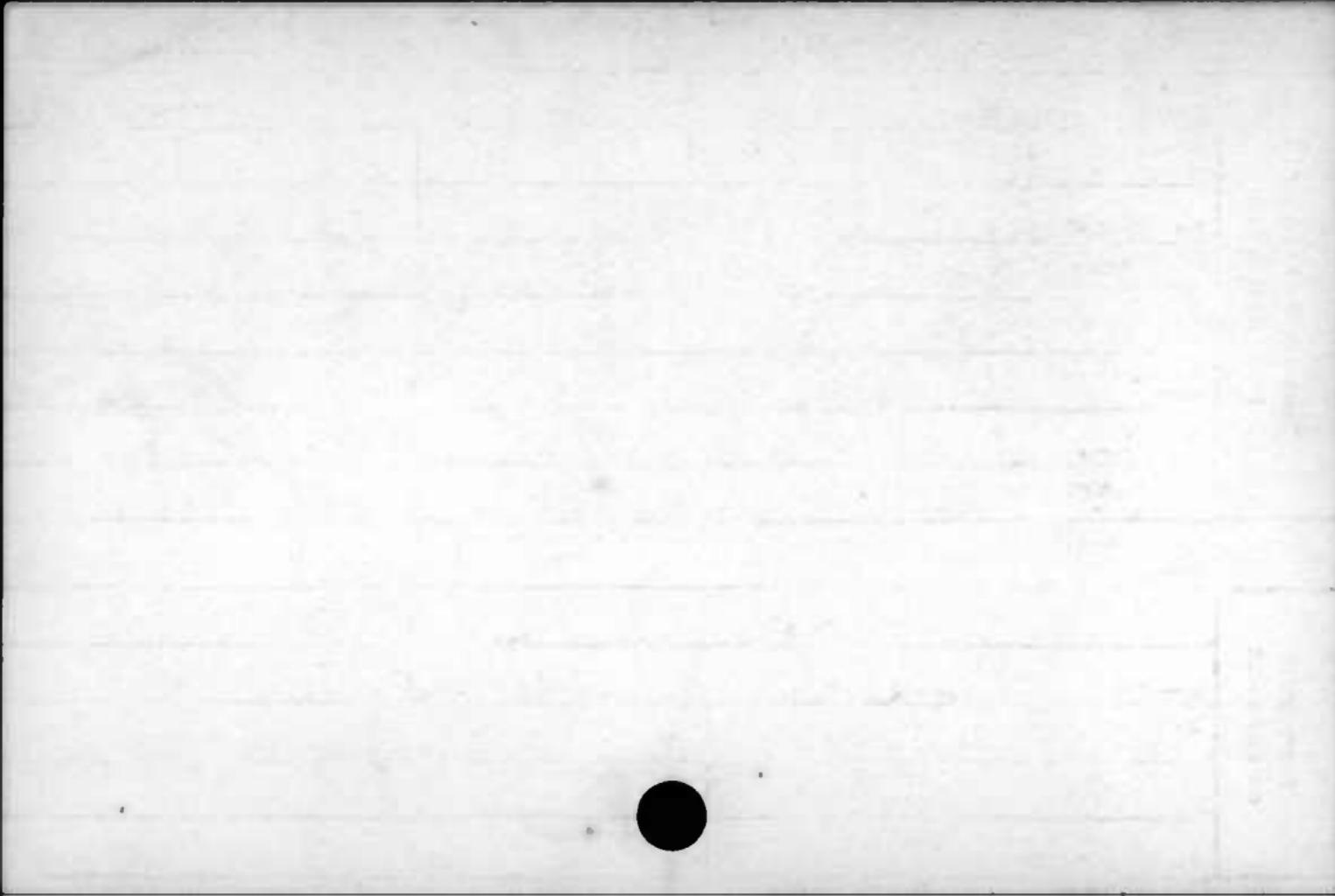
Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

W. J. Conner  
Coroner

Accident or Suicide?



Name  
in  
Full

Annie Hensy (Irvie)

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND
of death 1903	Month	Year	Days
Sex	Color or Race	Birth-place	
Married, Single or Widowed	Occupation	—	
Name of Wife or Husband			
Father's Name	Father's Birthplace		
Mother's Maiden Name	Mother's Birthplace		
Name of person giving information	How related to deceased		

Annaland Allegany Md.

April 29<sup>th</sup> 1903

Female White Md.

Single

Charles Hensy Md.

Annie E. Sopher Md.

Charles Hensy Father

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Cyanosis  
Exhaustion

How long

1 day

Immediate

151

How long

Are the name, age, sex, color, date and place correctly given above?

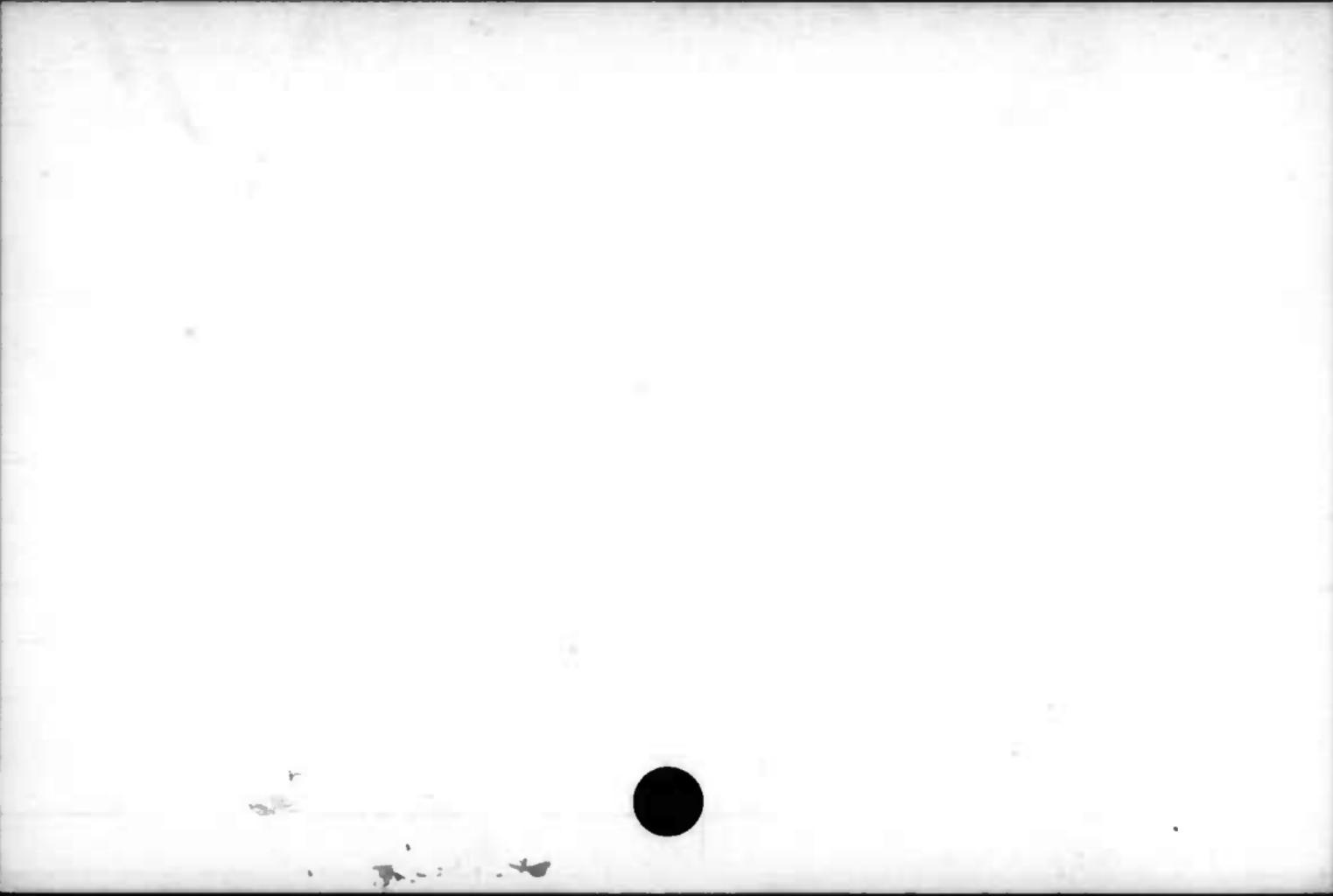
Signature of Physician

Address

Yes

J. Jones Wilson  
Annand Md.

Accident or Suicide?



Name  
in  
Full

Charles Henry (Irin)

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death 1909	Month April	Day 23 $\frac{1}{4}$	Years _____ Months _____ Days _____
Sex Male	Color or Race White	Birth-place Sud	
Married, Single or Widowed Single	Occupation		
Name of Wife or Husband			
Father's Name Charles Henry	Father's Birthplace Sud		
Mother's Maiden Name Annie S. Stohler	Mother's Birthplace Sud		
Name of person giving information Charles Henry	How related to deceased Father		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Causes of Death	How long
Cyanosis	15	1 day
Exhaustion		

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J. Jones Wilson  
Crested Bay

yes

Accident or Suicide?



Name  
in  
Full

Kirby Hogan

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County		MARYLAND		
Date of death 1903	Month abr.	Day 13	Age 10	Years 8	Months 5	Days 15
Sex Male	Color or Race White	Birth-place Sonacoming Md.				
Married, Single or Widowed Single	Occupation —					
Name of Wife or Husband						
Father's Name Edward Hogan	Father's Birthplace Maryland					
Mother's Maiden Name Mary A. Gallagher	Mother's Birthplace "					
Name of person giving information Mary A. Hogan	How related to deceased Niece					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Extensive Burn 167 How long

Immediate Pneumonia 1 day How long

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician

M. G. Portin

Address Sonacoming Md.

Accident or Suicide? accident



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

Joseph Hopkins						CERTIFICATE OF DEATH		
Cumberland Md			allegany County			MARYLAND		
Died at	Date of death 190	Month 3 April	Day 5	Years 0	Age 0	Months 10	Days 23	
Sex	Male	Color or Race	White			Birth- place	Mapleland Md	
Married, Single or Widowed				Occupation				
Name of Wife or Husband								
Father's Name	James Hopkins			Father's Birthplace		Ireland		
Mother's Maiden Name	Elizabeth Carney			Mother's Birthplace		Ireland		
Name of person giving Information	Mrs E. J. Hopkins			How related to deceased		Mother		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Tubercular Otitis 76

How long

2 or 3 Weeks

Immediate

Meningitis

How long

3 days

Are the name, age, sex, color, date  
and place correctly given above?

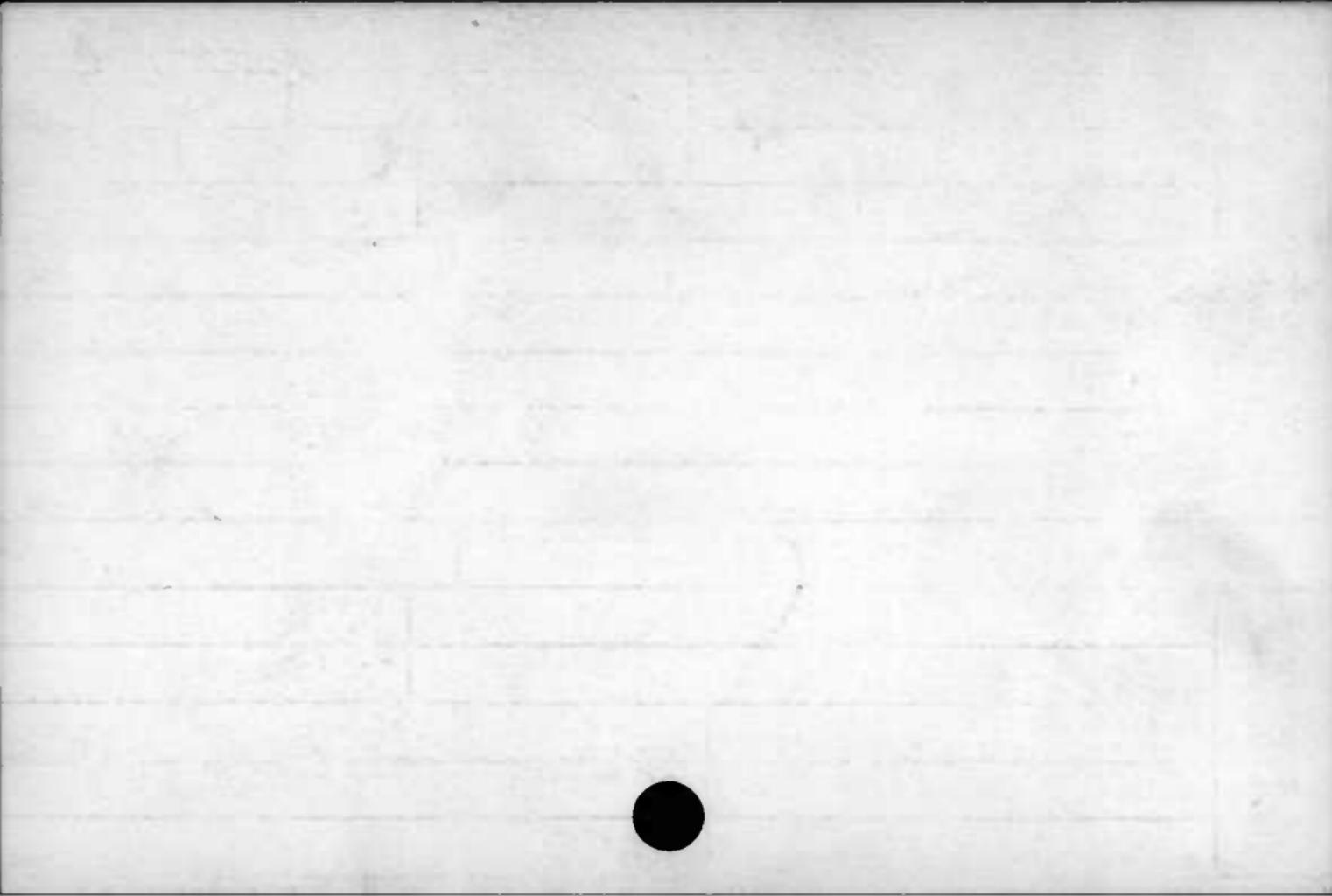
Yes

Signature of  
Physician

Address

Frederick Broadbalk  
100 Main  
Cumberland Md

Accident or Suicide?



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

<h1>Henry Hardy Horn</h1>					CERTIFICATE OF DEATH		
Died at		Town <u>Cumberland</u>	County <u>Allegany</u>		MARYLAND		
Date of death 1903	Month <u>April</u>	Day <u>9</u>	Years Age <u>60</u>	—	Months <u>—</u>	Days <u>26</u>	
Sex <u>Male</u>	Color or Race <u>White</u>	Birth- place <u>Martinsburg W. Va.</u>					
Married, Single or Widowed <u>married</u>	Occupation <u>Had been "Boss Rugg" BTOR</u>						
Name of Wife or Husband <u>Fanny Virginia Horn</u>							
Father's Name <u>Jesse Horn</u>	Father's Birthplace <u>New Martinsburg</u>						
Mother's Maiden Name <u>Eliza Welsh</u>	Mother's Birthplace <u>" "</u>						
Name of person giving Information <u>Geo. H. Horn</u>	How related to deceased <u>Son</u>						

### CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Endocarditis

How long

Unknown

Immediate

Endocarditis

How long

sudden loss  
of compensation

Are the name, age, sex, color, date  
and place correctly given above?

Yes

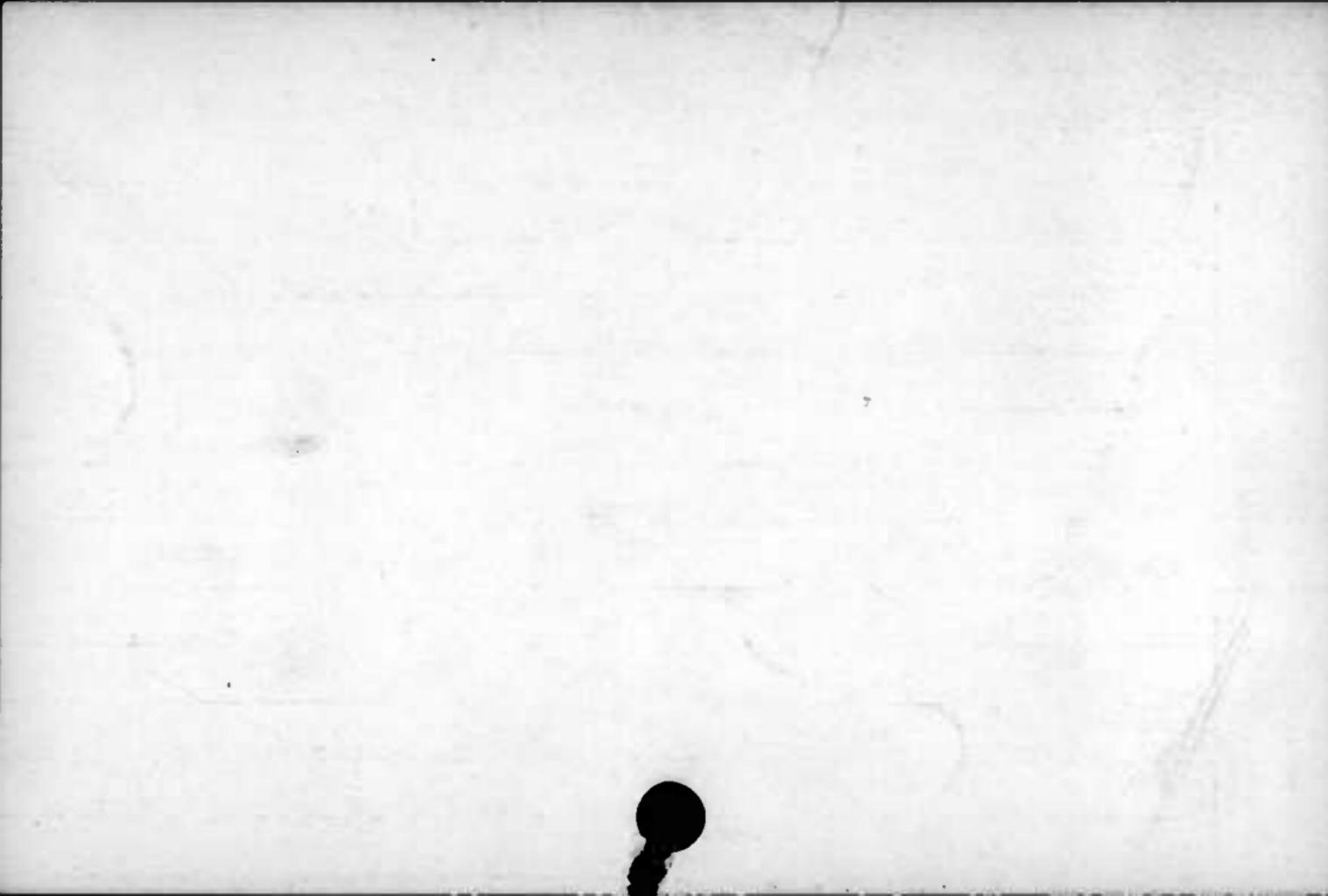
Signature of  
Physician

C. H. Weines

Address

Cumberland  
X Md.

Accident or Suicide?



Name  
in  
Full

Hazel Hyde

CERTIFICATE OF DEATH

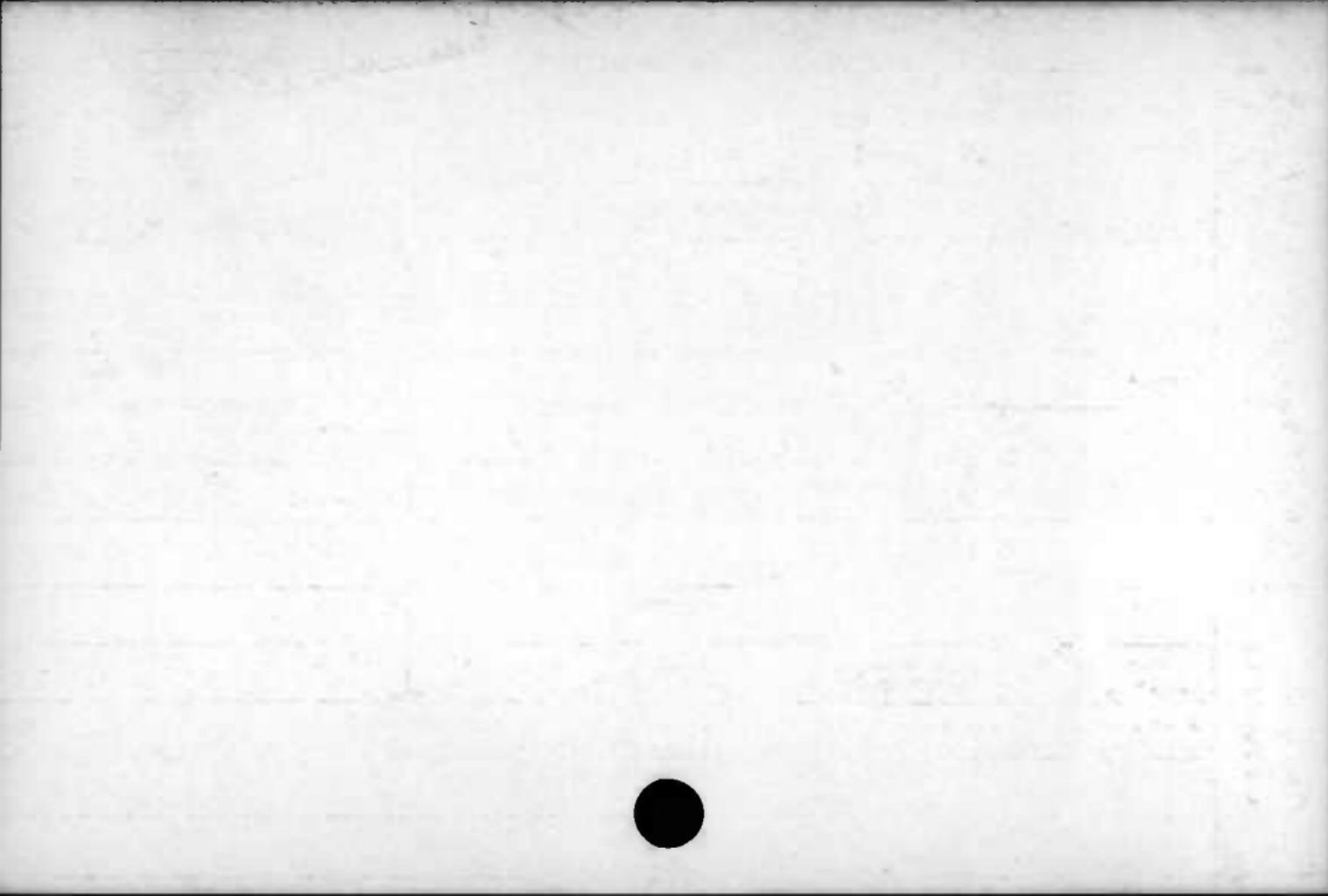
TO BE ANSWERED BY  
NEAREST FRIEND

Died at Barton		Town	County allegany		MARYLAND	
Date of death 1903	Month April	Day 16	Age 10 years	Months 8	Days 8	
Sex Female	Color or Race white	Occupation		Birth-place allegany		
Married, Single or Widowed L						
Name of Wife or Husband L						
Father's Name Wm Hyde			Father's Birthplace Alleg co			
Mother's Maiden Name Sarah Kirkpatrick			Mother's Birthplace Alleg co			
Name of person giving information Wm Hyde			How related to deceased Father			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Appendicitis	118	How long	24 hours
Immediate	Perforation of bowel	8 Haem.	How long	4 hours
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician S. A. Boucher	Address Barton M.D.	
Accident or Suicide?	L			



Name  
in  
Full

Jona Kirby

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1903	Month Apr	Day 21	Age	Years	Months 2
Sex Female	Color or Race White	Occupation	Birth-place	H. Savage, Jr.	
Married, Single or Widowed					
Name of Wife or Husband					
Father's Name	William A. Kirby			Father's Birthplace	Gambulawky
Mother's Maiden Name	Mary Stella Crow			Mother's Birthplace	H. Savage, Jr.
Name of person giving Information	William A. Kirby			How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

d. Convulsions

How long

1 day

Immediate

Are the name, age, sex, color, date and place correctly given above?

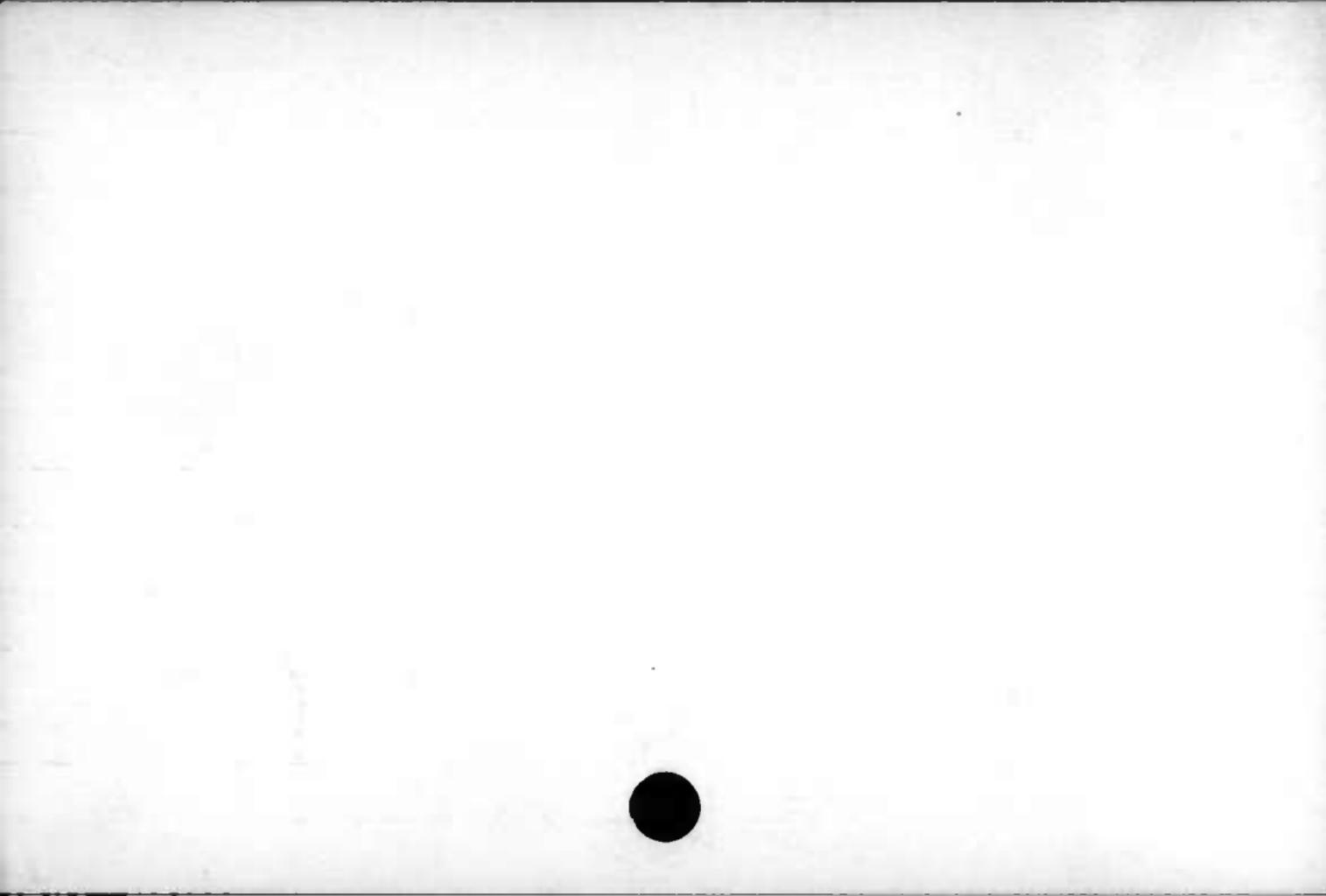
Yes

Signature of Physician

Address

Edward Quigley  
H. Savage, Jr.

Accident or Suicide?



Name  
in  
Full

Henry T. Logsdon

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name Died Date of death 1903		Month of	Day 28	Years Age 25	County Allegany	MARYLAND	Days
Sex Male		Color or Race White		Occupation Fanner		Birth- place Fanner	
Married, Single or Widowed							
Name of Wife or Husband							
Father's Name Henry Logsdon -						Father's Birthplace	
Mother's Maiden Name						Mother's Birthplace	
Name of person giving Information		G. S. B., 166				How related to deceased	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Accident on rail  
How long

Immediate Yes -  
How long

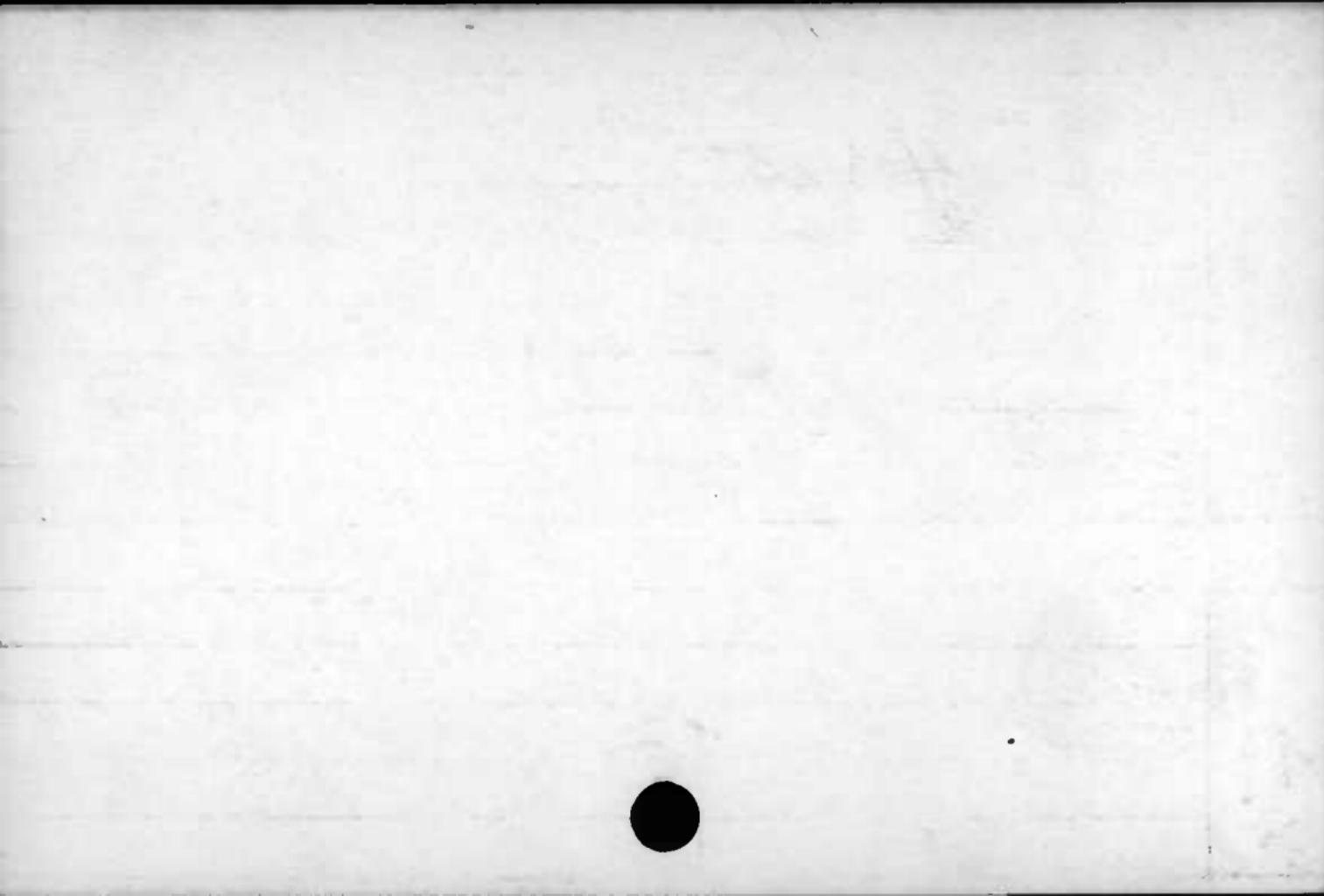
Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

Dr. J. Bonner  
Coroner

Accident or Suicide?



Name  
in  
Full

# Columbus Leasure

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town	Died at near Old Town			County	Allegany	
Date of death 1903	Month April	Day 9th	Age 77	Years	Months	Days
Sex Male	Color or Race white			Birth- place Maryland		
Married, Single or Widowed	Occupation					
Name of Wife or Husband	Daniel Leasure			Father's Name	Maryland	
Father's Name	Buth Paper			Father's Birthplace	Maryland	
Mother's Maiden Name	Mrs. H. Dixon			Mother's Birthplace	Maryland	
Name of person giving Information	How related to deceased			How long	neighbor	

### CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Diphtheroid angina		How long	not known
Immediate	Croupous Pneumonia		How long	" "
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	L.V. Harbaugh	
		Address	Old Town, Md.	
as near as known				
Accident or Suicide?				



Osbourne Lyon

Town

Cumberland

County

Allegany

MARYLAND

Died at

Date 19

Month

Day

Y.

M.

D.

Native of

Occupation

Male

Female

White

Colored

Married

Single

Widow

Widower

Divorced

Number of children living

Husband of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Injury to Leg

How long sick

Death

Immediate

Block?

4 months

Accident, Suicide, Homicide

Reported by

B.C. Muller

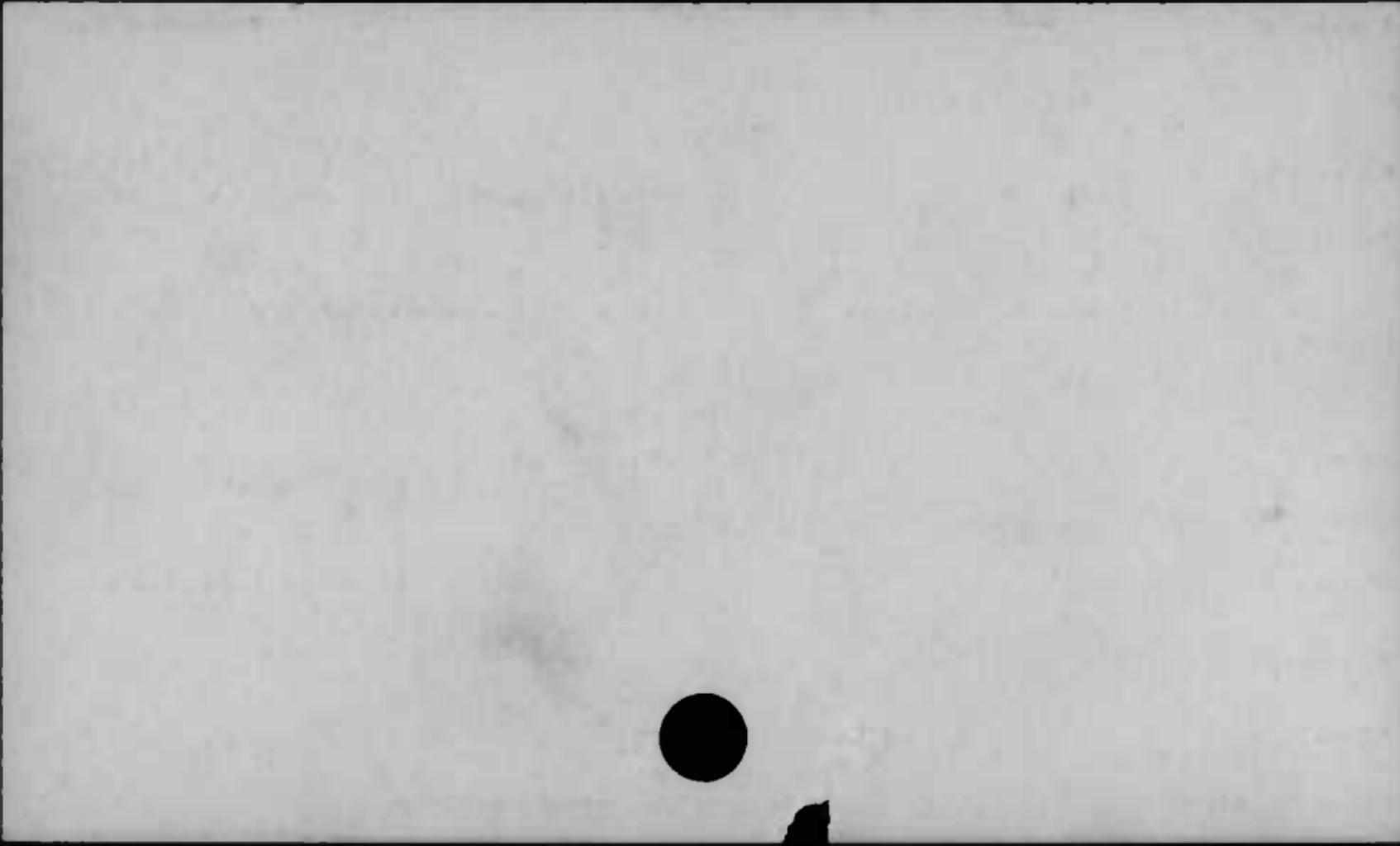
Vb

Address

Cumberland Md.

X

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Daniel W. Madenott, M.D. Dermott

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1903	Month	Day	Years	Months	Days
Sex	Male	Color or Race	Age	Birth-place	
Married, Single or Widowed	Single		Occupation		
Name of Wife or Husband					
Father's Name	G W Madenott		Father's Birthplace		
Mother's Maiden Name	Tillie Hinde		Mother's Birthplace		
Name of person giving information	G W Madenott		How related to deceased	Father	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Quinine Anæstema

How long

16 days

Immediate

Are the name, age, sex, color, date and place correctly given above?

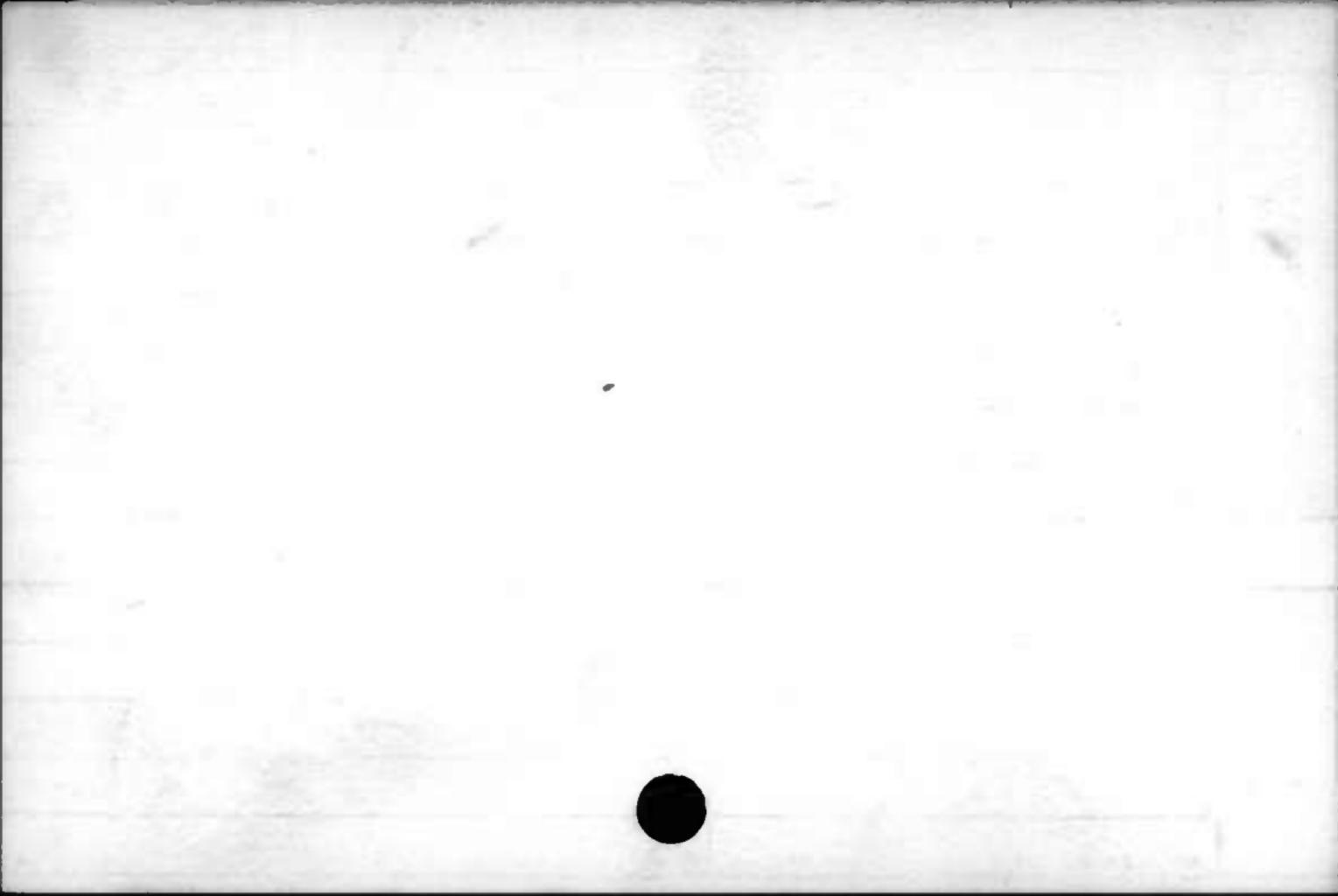
yes

Signature of Physician

Address

G. W. Madenott,  
Crombiefield and

Accident



Name  
in  
Full

Elizabeth McKenzie

CERTIFICATE OF DEATH

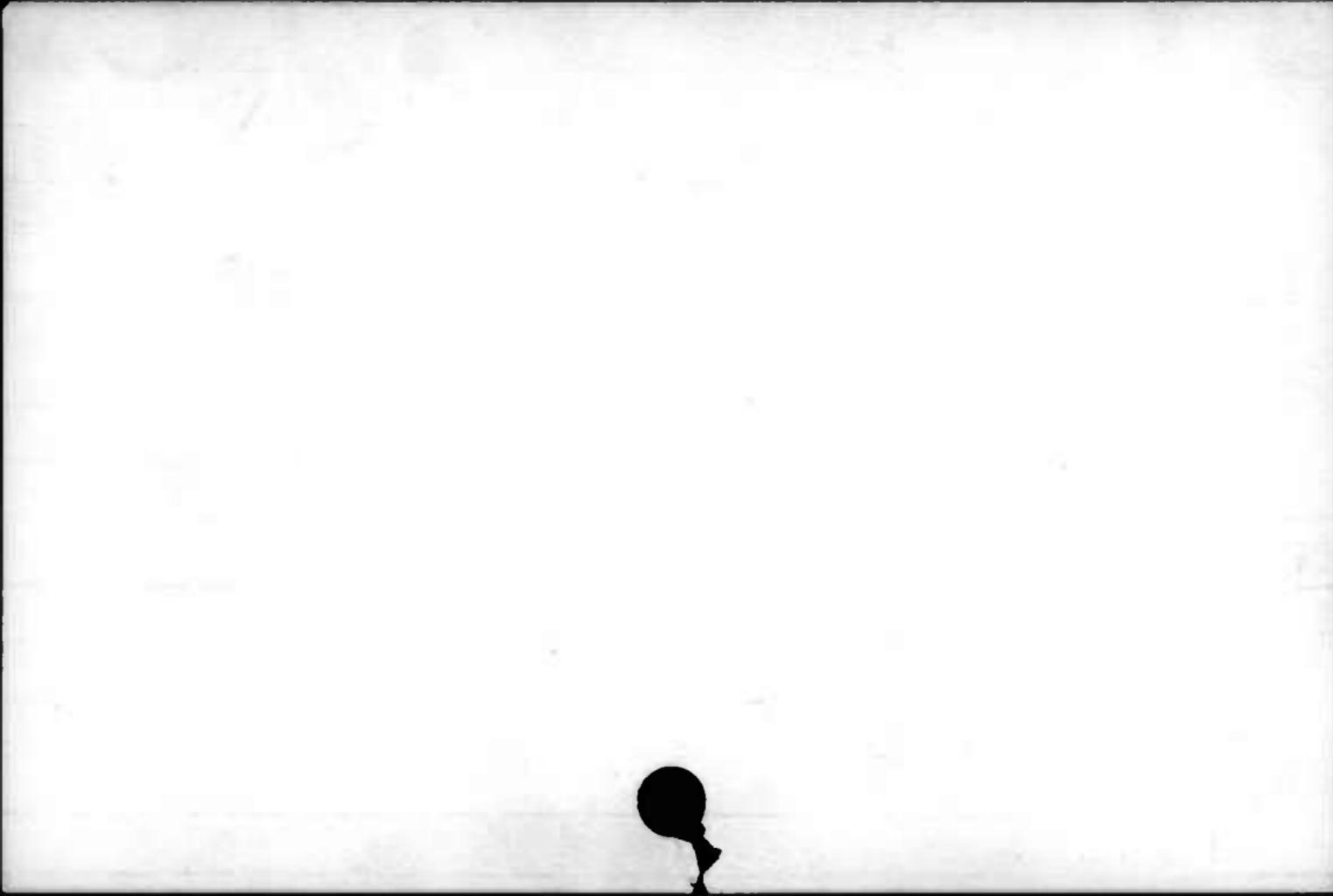
TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Cumberland	Allegany	Months	Days	
Date of death 1905	Month 4	Day 3	Years Age 64	Months	Days
Sex	Female	Color or Race White	Birth- place		
Married, Single or Widowed	Occupation				
Name of Wife or Husband					
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving Information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Bronchitis		How long
Immediate			How long
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	J.W. Jackman
		Address	Cumberland Md.
Accident or Suicide?			



Name  
in  
Full

Mathews

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at Cumberland		Town	County Allegany		MARYLAND		
Date of death 1903	Month 4	Day 24	Years Still Birth	8 <sup>th</sup>	Month Probably	Days	
Sex Female	Color or Race White		Birth-place Cumberland Md				
Married, Single or Widowed	Occupation						
Name of Wife or Husband							
Father's Name Chas. A. Mathews	Father's Birthplace Cumberland						
Mother's Maiden Name Mary A. Matz	Mother's Birthplace Cumberland						
Name of person giving Information	How related to deceased Father						

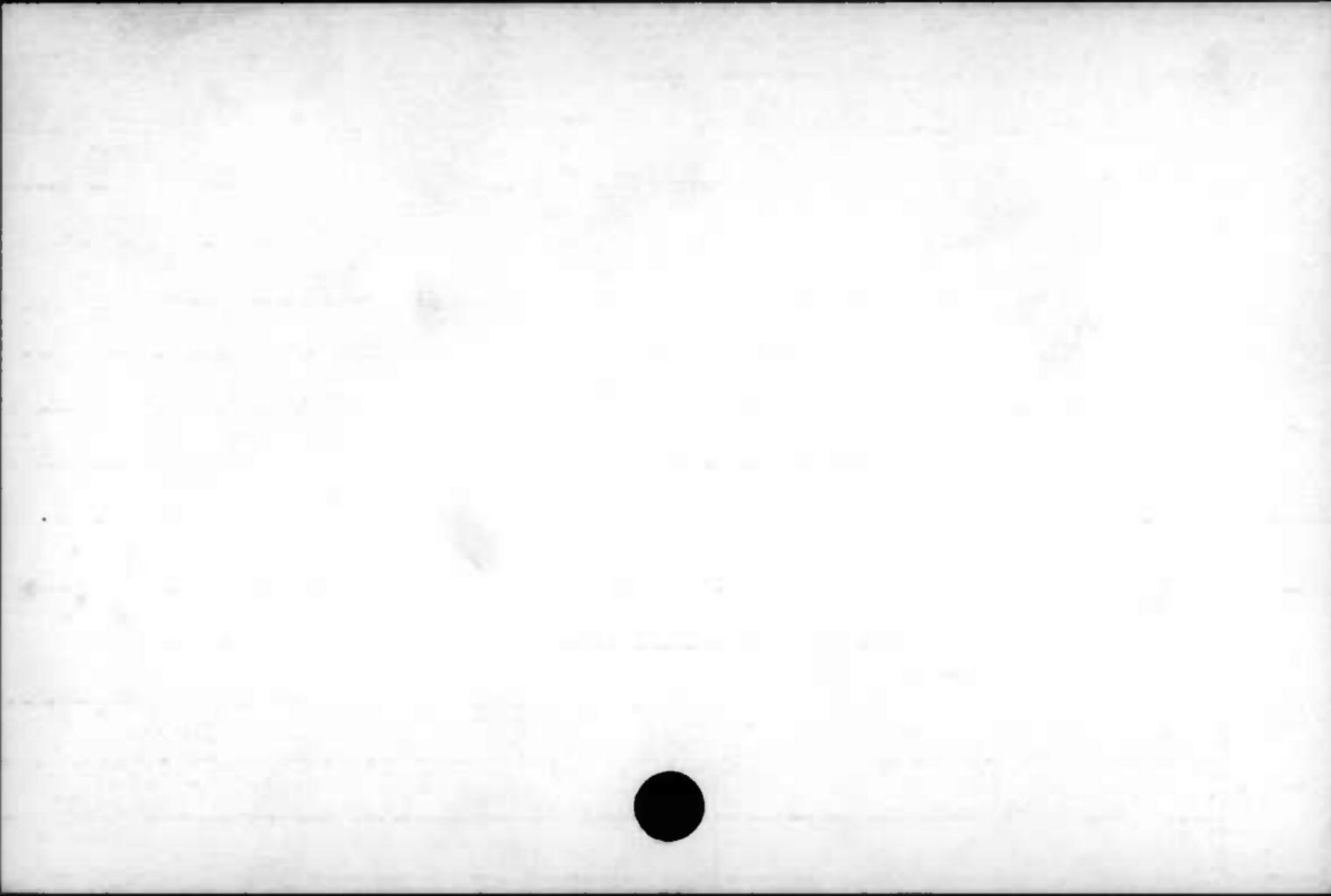
CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Not Known	still Birth	How long
Immediate	"	"	How long

Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	J. A. Fackner
		Address	[Redacted]

Accident or Suicide?



Name  
in  
Full

Kirth Nune

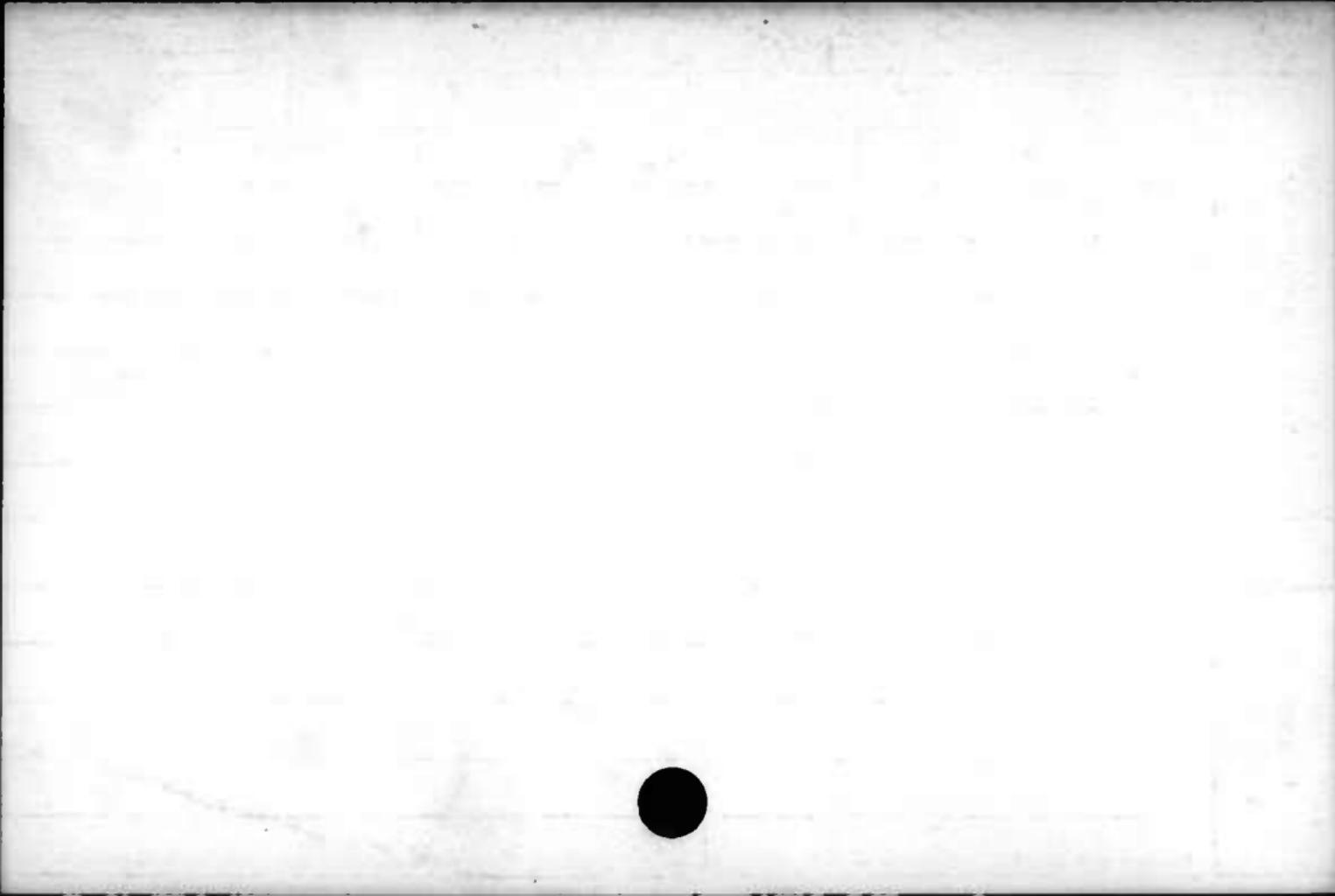
CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death 1903	Month April	Day 19	Age 0 years
Sex Female	Color or Race White	Birth-place Cumberland Md	Months 5
Married, Single or Widowed	Occupation		Days 6
Name of Wife or Husband			
Father's Name	Jamer M. Nune	Father's Birthplace	Ind
Mother's Maiden Name	Minni R. Fay	Mother's Birthplace	Ohio.
Name of person giving information	Father	How related to deceased	Father

CAUSES OF DEATH

Primary	Whooping Cough &	How long	4 weeks
Immediate	Pneumonia	How long	3 day
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Gro. L. Broadway MD
		Address	100 Va ave Cumberland Md
Accident or Suicide?	170		



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

CERTIFICATE OF DEATH					
Died at		Town	County		MARYLAND
Date of death 190	Month	Day	Years	Months	Days
Sex	Color or Race	Birthplace			
Married, Single or Widowed		Occupation			
Name of Wife or Husband					
Father's Name	Daniel O'Dwyer Jr			Father's Birthplace	Pekin
Mother's Maiden Name	Bridget O'Dwyer			Mother's Birthplace	Ocean
Name of person giving information	Mrs. James			How related to deceased	Aunt

CAUSES OF DEATH

Primary	Encephalitis	How long	24 hours
Immediate	Convulsions	How long	3 hours
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	W. J. Skilling
		Address	1316 Locust Street,
Accident or Suicide?			



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Ernest Robertson

CERTIFICATE OF DEATH

Town Lonaconing County Alleghany MARYLAND  
Died at Lonaconing Date 1903 Month April Day 27 Years - Months 6 Days -  
Sex male Color or Race white Birth-place Lonaconing  
Married, Single or Widower Married Occupation miner  
Name of Wife or Husband Ada M. Miller  
Father's Name George Robertson Father's Birthplace Lonaconing  
Mother's Maiden Name Ada M. Miller Mother's Birthplace Lonaconing  
Name of person giving information George Mc Miller How related to deceased grandfather

CAUSES OF DEATH

Primary

Capillary Bronchitis

How long

One week

Immediate

Arthritis

92

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name  
in  
Full

George Schantz

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	1903	Month April	Day 27	Age 75	Years	Months 27	Days 27
Sex	Male	Color or Race	White	Birth- place	Germany		
Married, Single or Widowed	Married	Occupation		Shoemaker.			
Name of Wife or <u>Husband</u>	Anne Elizabeth Silfer -						
Father's Name	} Not known by living members of the family						
Mother's Maiden Name	} members of the family						
Name of person giving Information	Sophia Jones						

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

How long

Immediate

How long

Are the name, age, sex, color, date  
and place correctly given above?

Yes

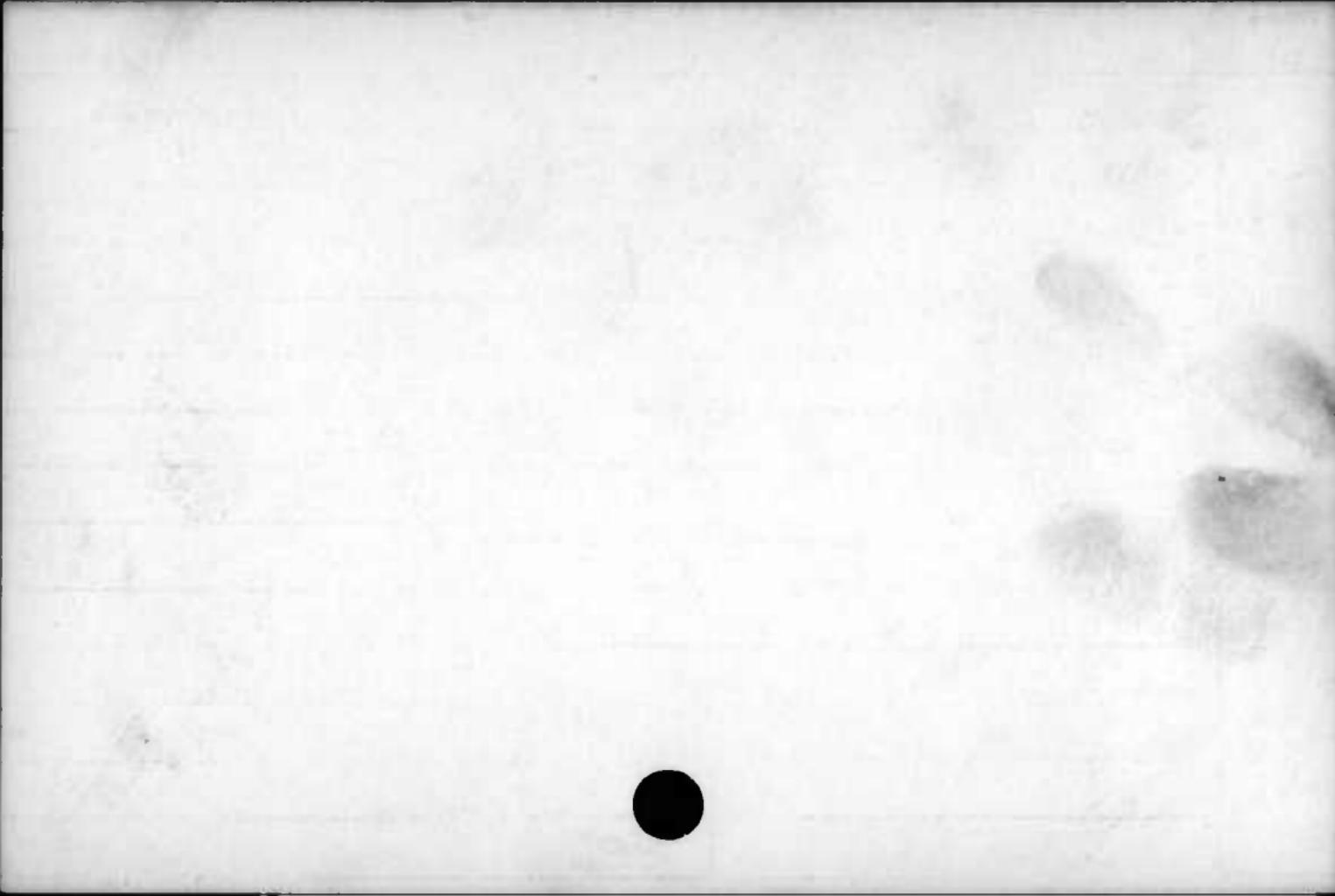
Signature of  
Physician

Address

M. Gibson Porter  
Sonacouring N.Y.

Accident or Suicide?

No



Name in Full

Certificate of Death

Margaret A Shaffer

Town

County

Died at Cumberland

Baltimore

MARYLAND

Date  
1943

Month

Day

Y.

M.

D.

Native of

Occupation

Date  
12

4 28

Age 45

Widow

Divorced

Female

White

Married

Widower

Number of children living

Eight

Husband

Wife

Father's

Name

Charles H Shaffer

Mother's

Name

Cause of

Primary

Unknown

How long sick

4 months

Death

Immediate

Consumption Lungs

Accident, Suicide, Homicide

Reported by

W. Terainger

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, BIRMINGHAM



Name  
in  
Full

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at	Town	County	MARYLAND		
Date of death 1903	Month April	Day 14	Years ~	Months ~	Days ~ / ~
Sex female	Color or Race White	Occupation	Birth-place Cumberland		
Married, Single or Widowed					
Name of Wife or Husband					
Father's Name	Oyo. C. Shober.		Father's Birthplace	Cumberland	
Mother's Maiden Name	Rachel Welsh		Mother's Birthplace	Everett, Pa	
Name of person giving information	Moll Shober.		How related to deceased	father	

CAUSES OF DEATH

Primary Still-birth How long —  
Immediate — How long —

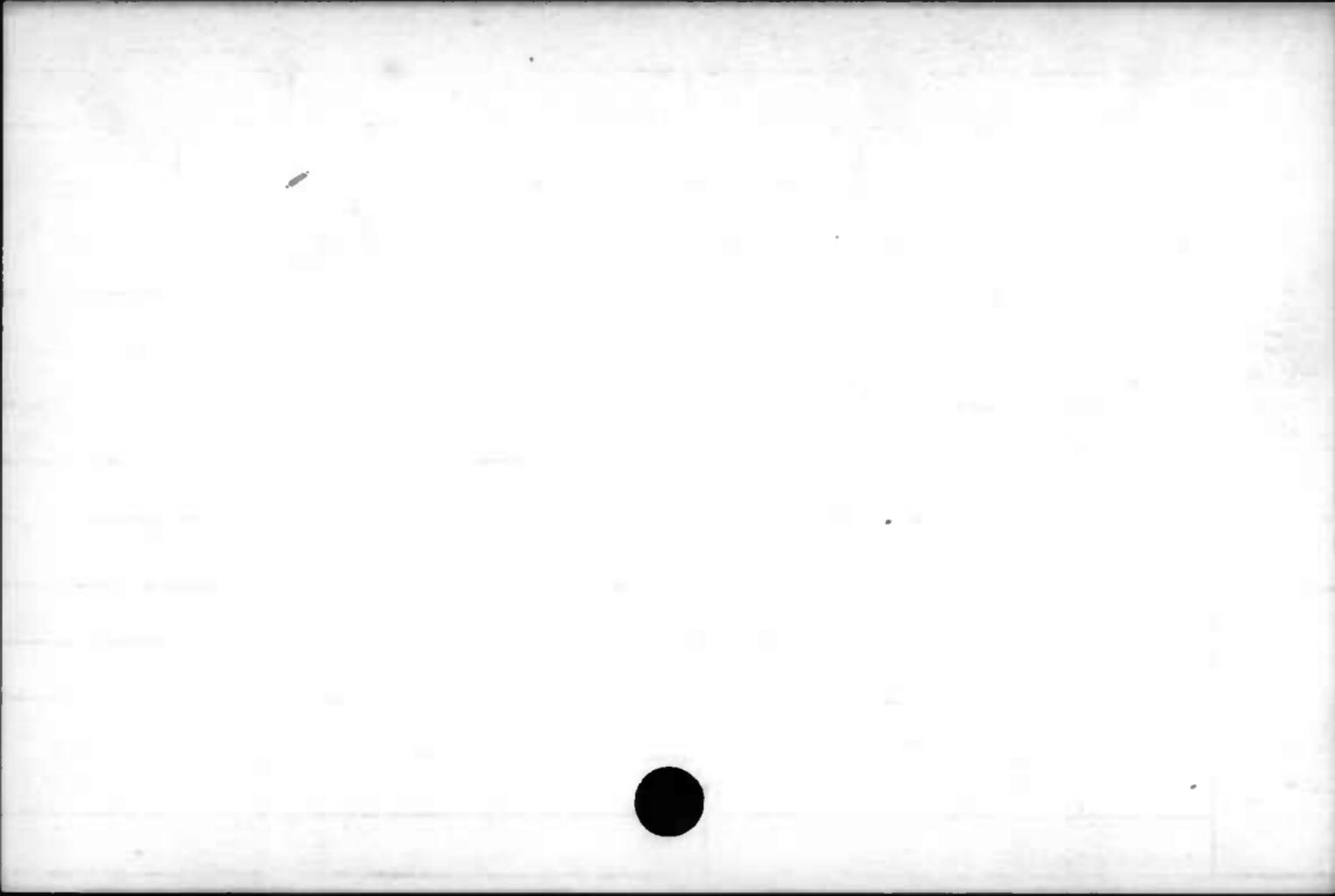
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Marggret Shober.  
Mid wife

Accident or Suicide?



Name  
in  
Full

Violet Siimus  
Town Crumland  
County Allegany

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years Months Days
1903	April	2 <sup>nd</sup>	— 6 —
Sex	Color or Race	Age	Birth-place
Female	col	—	
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband		
Lige			
Father's Name	Father's Birthplace		
Mother's Maiden Name	Mother's Birthplace		
Name of person giving information	How related to deceased		
Q.V			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Capillary Bronchitis	How long
Immediate		How long

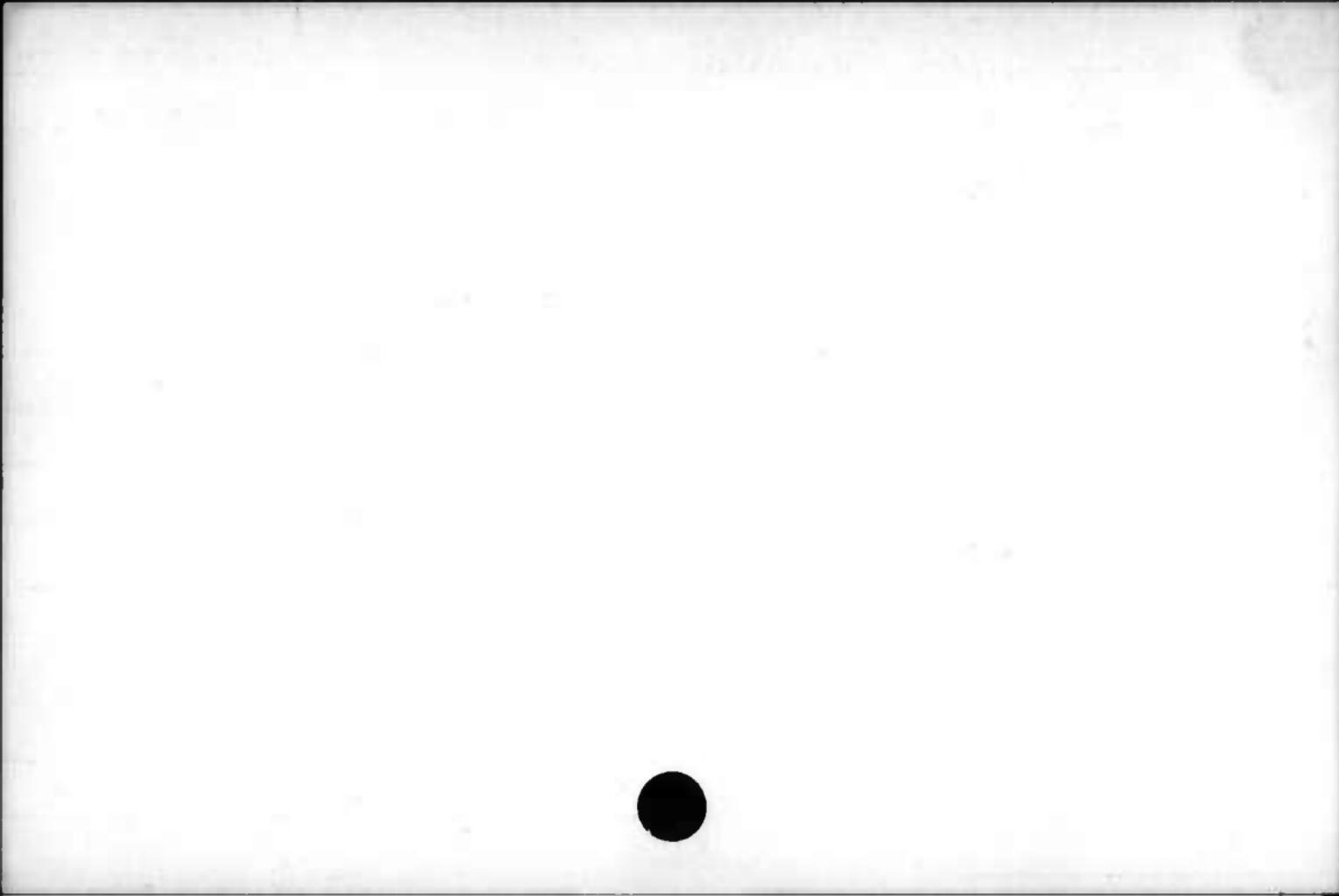
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Jno H Thompson  
Crumland Md

Accident or Suicide?



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

JESSIE SWAN				CERTIFICATE OF DEATH			
Died		Town	County				
Date of death 190	Month	Day	Age	Years	Months	Days	
Sex	Color or Race	Occupation		Birth- place			
Married, Single or Widowed	Died		Maiden				
Name of Wife or Husband	JESSIE SWAN		JESSIE SWAN		Father's Birthplace	Scotland	
Father's Name	JESSIE SWAN		JESSIE SWAN		Mother's Birthplace	Scotland	
Mother's Maiden Name	JESSIE SWAN		JESSIE SWAN		How related to deceased	Mucle	
Name of person giving Information	JESSIE SWAN		JESSIE SWAN				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Fracture of Pelvis

How long

14 hours

Immediate

Intramural hemorrhage Shock

How long

4 hours

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

J. B. Skilling,

Accident or Suicide?

Fracturing of  
Accident due to fall of coal if mine



Name  
in  
Full

Lisan Skidmore

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1903	Month Apr.	Day 6	Age 29	Years	Months
Sex Female	Color or Race White	Birth-place Md.			
Married, Single or Widowed	Singler	Occupation Housemaid			
Name of Wife or Husband					
Father's Name	Noah Skidmore				
Mother's Maiden Name	Margaret E. Mansel				
Name of person giving Information	51				
How related to deceased					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Exophthalmic Goitre	How long	2 or 3 years
Immediate	Bronchitis	How long	1 week
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	H.P. Lansbury
yes		Address	Cumberland, Md.
Accident or Suicide			



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

McCullum Sullivan							CERTIFICATE OF DEATH		
Died at	Midland		County			MARYLAND			
Date of death 1908	Month April	Day 26	Age 83	Years	Months	Days			
Sex Female	Color or Race	White		Birth- place	Ireland				
Married, Single <input checked="" type="checkbox"/> Widowed	Occupation		Nurse						
Name of Wife Husband	Lorraine Sullivan								
Father's Name	James Mesku								
Mother's Maiden Name	Catharine Mesku								
Name of person giving Information	Catharine Wagner								

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Spinal Paralysis

How long

16 years

Immediate

Aprostixy

How long

48 hours

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address



J. M. Skilling  
Lorraine

Accident or Suicide?



Name  
in  
Full

Nellie B Taylor

CERTIFICATE OF DEATH

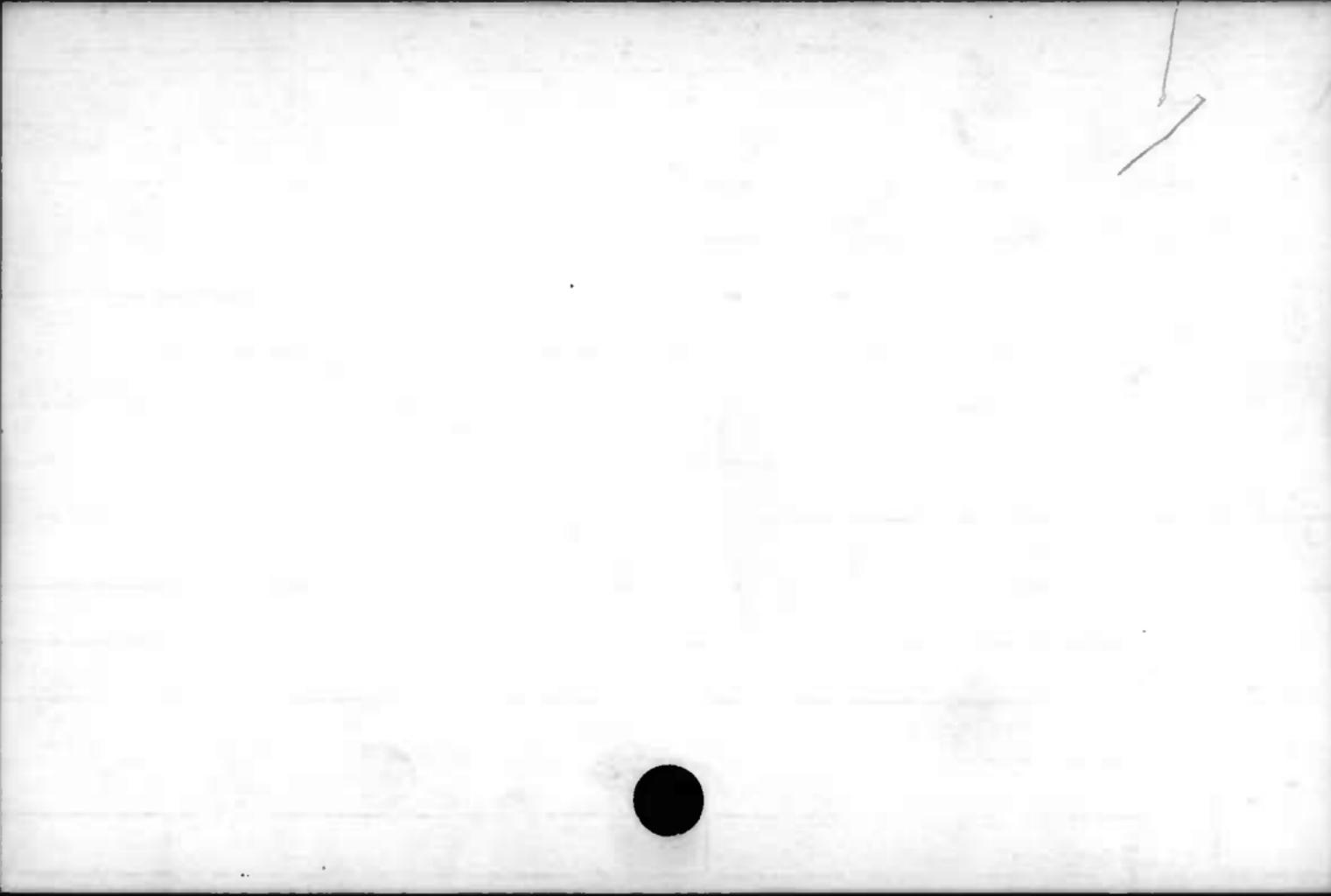
TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County		MARYLAND	
Date of death 1903	Month 4	Day 9	Years 31	Months	Days
Sex Female	Color or Race colored	Birth-place Richmond			
Married, Single or Widowed married	Occupation				
Name of Wife or Husband John H Taylor					
Father's Name	Father's Birthplace				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving information John H Taylor	How related to deceased Husband				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Anemia	SV	How long 2 or 3 weeks
immediate	Exhaustion		How long "
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician Dr. Brown
			Address 117 Braddock Cir. Not Md X
Accident or Suicide?			



Name  
in  
Full

Anne Teasdale

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town	Allegany			County	MARYLAND		
Died at	John acoustic			Age	78	Months	2
Date of death 190	Month 3	Day 15	Years	Days	11		
Sex	Female	Color or Race	White	Birth-place	Mt Savage Md.		
Married, Single or Widowed	Widow			Occupation	-		
Name of Husband	James Teasdale Jr.			Father's Name	John Porter		
Father's Name	John Porter			Father's Birthplace	Maryland		
Mother's Maiden Name	Mary M. Albright			Mother's Birthplace	"		
Name of person giving information	Margaret Crook			How related to deceased	daughter		

CAUSES OF DEATH

Primary	Cerebral Embolism	How long	7 mos
Immediate	Enterocolitis (terminal diarrhea)	How long	8 hours
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	M. Gibson Porter
		Address	John acoustic N.Y.
Accident or Suicide?	N		

PHYSICIAN  
OR CORONER



Name  
in  
Full

Mrs. Bonnie Washington

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 190	Month 3	Day 3	Years Age 23	Months	Days
Sex	Female	Color or Race	Occupation	Birth- place	Frostburg
Married, Single or Widowed	Housewife			House wife	
Name of Wife or Husband					
Father's Name	Shad Minot			Father's Birthplace	
Mother's Maiden Name				Mother's Birthplace	
Name of person giving Information	Joseph Washington			How related to deceased	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary drowning How long

Immediate drowning How long

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

W. J. Corine  
Corine

Accident or Suicide?



Name  
in  
Full

Sanford Washington

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Own Cumberland, Maryland		County	MARYLAND		
Date of death 1903	Month April	Day 18	Age too	Years -no	Months -no	Days /-
Sex male	Color or Race Col	Occupation —	Birth- place Cumberland,			
Married, Single or Widowed — Single —						
Name of Wife or Husband —						
Father's Name Guy Washington 119 Penn St.				Father's Birthplace W.M.A.		
Mother's Maiden Name Leola Childs				Mother's Birthplace W.M.A.		
Name of person giving Information				How related to deceased —		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Stice Burn

How long  
—

Immediate

Are the name, age, sex, color, date  
and place correctly given above?

Yrs.

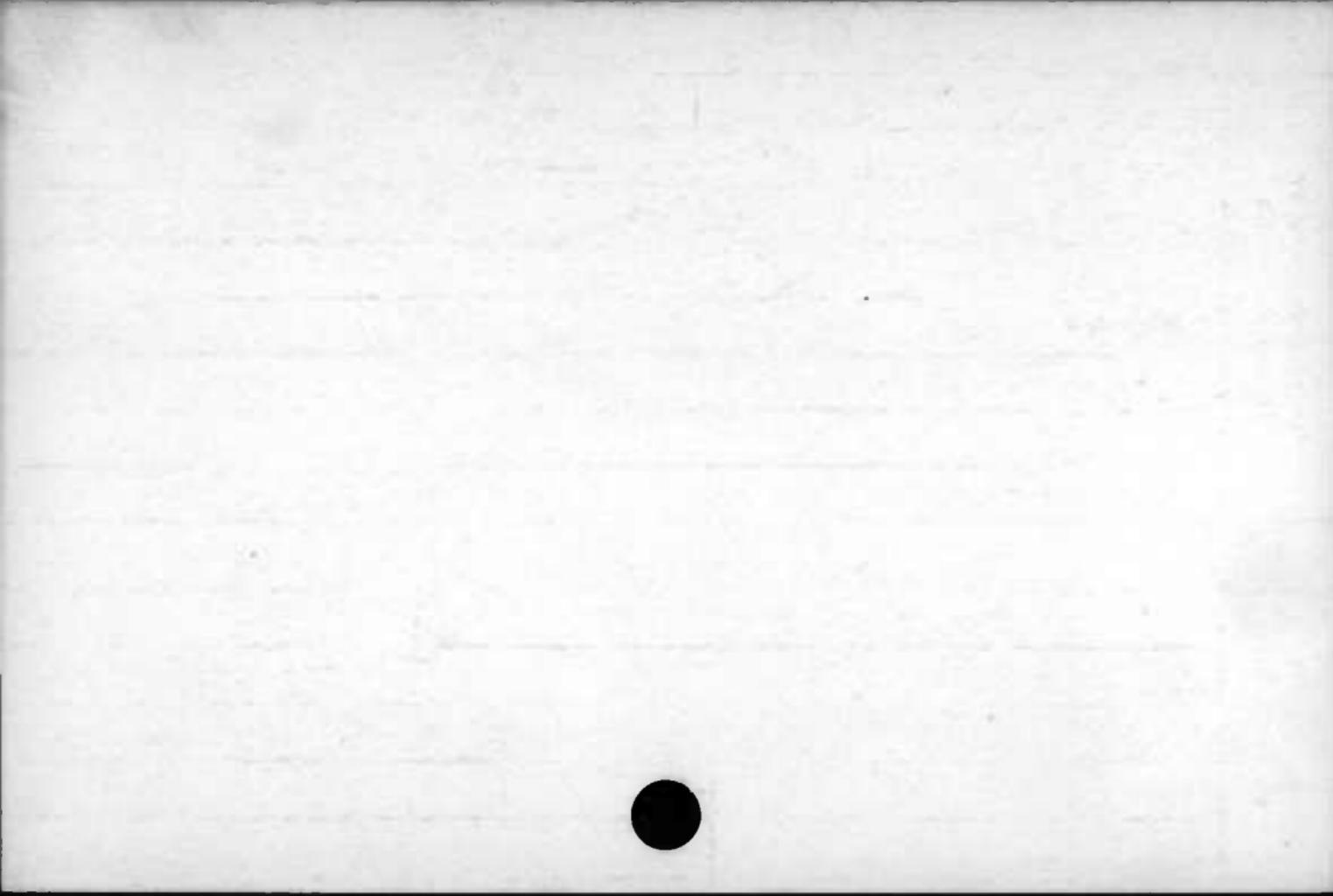
Signature of  
Physician

Address

Arthur N. Hawkins.

Cumberland,  
Md.

Accident or Suicide?



Name  
in  
Full

(Baby) Whetstone

CERTIFICATE OF DEATH

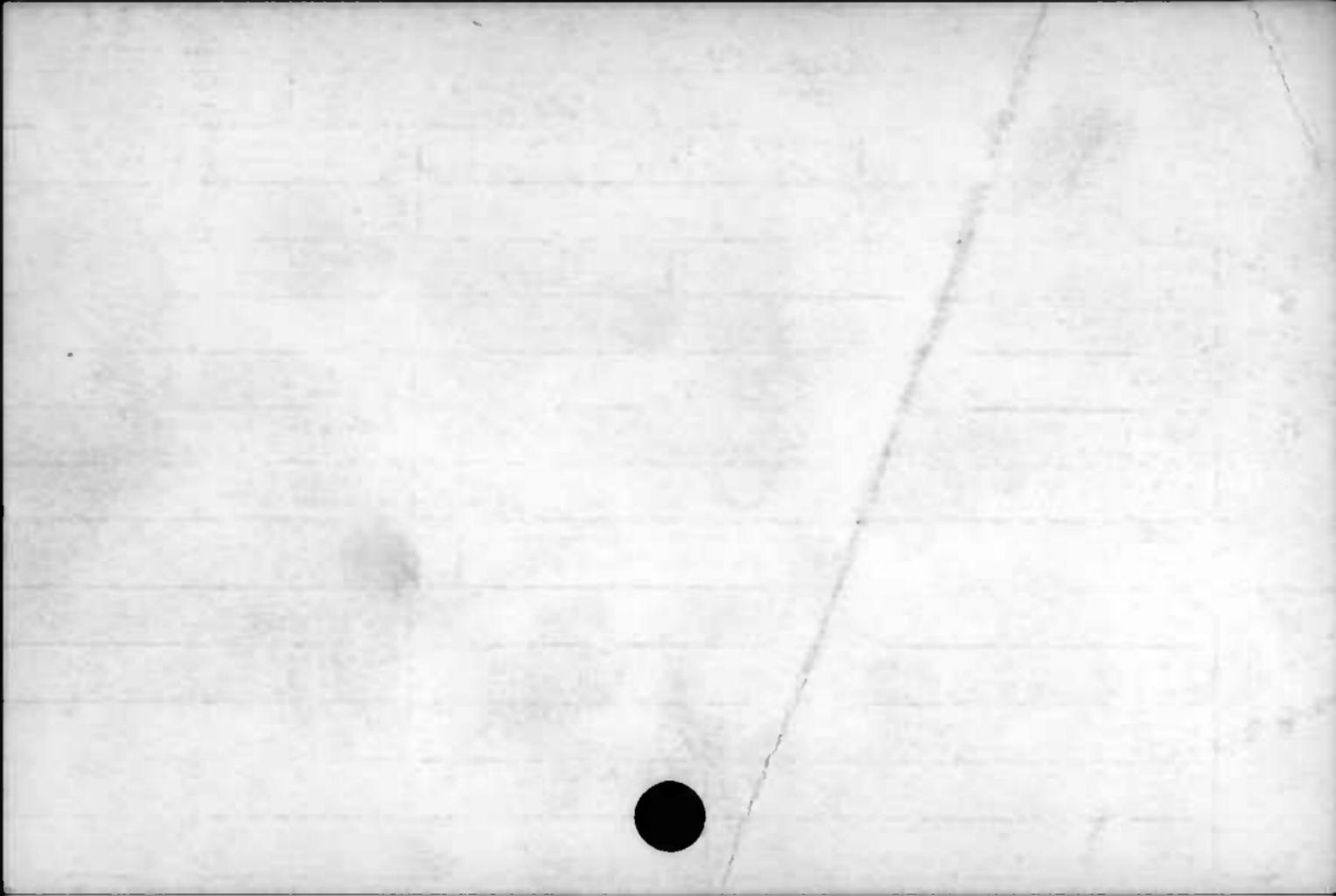
TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death 190	Month 3 apr	Day 25	Years Age 3 weeks	Months Days
Sex Female	Color or Race W	Occupation X	Birth- place Frostburg	
Married, Single or Widowed X				
Name of Wife or Husband X				
Father's Name Frank Whetstone			Father's Birthplace Frostburg Md	
Mother's Maiden Name Streets	X		Mother's Birthplace Frostburg	
Name of person giving Information			How related to deceased	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Retention of Urine	How long one week
Immediate	Convulsion	How long —
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician J. Griffiths
		Address Frostburg Md
Accident or Suicide? <input type="checkbox"/>		



Name  
in  
Full

Mary E Williams

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1903	Month April	Day 19	Age 60	Years 9	Months 3 Days 33
Sex Female	Color or Race white	Occupation wife	Birth- place La		
Married, Single or Widowed Married					
Name of Wife or Husband Charles A Williams					
Father's Name	Father's Birthplace				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving Information	How related to deceased				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Valvular Heart disease	How long	don't know
Immediate	Paralysis of Heart	How long	half hour
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	J. W. Williams
		Address	Laurelton Lumberton
Accident or Suicide?	-		Null



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

<i>John Wesley Wilson</i>						CERTIFICATE OF DEATH	
Died at	Town	County		MARYLAND			
Date of death 190	Month	Day	Years	Months	Days		
Sex	Male	Color or Race	Age	Birth- place	Frostburg		
Married, Single or Widowed	Sin	Occupation		Miner			
Name of Wife or Husband							
Father's Name	Lem Wilson	33	Father's Birthplace	Min Co. W Va			
Mother's Maiden Name	Mary Seaton		Mother's Birthplace	Frostburg Md			
Name of person giving Information	Lem Wilson		How related to deceased	Father			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Tuberculosis. Necrosis of lungs		How long
Immediate	Exhaustion		Several mo's How long Short time
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician
			Address
Accident or Suicide?		<i>J. C. Cobey</i> <i>Frostburg Md</i>	

C. F. Shabecel

Alleghany  
Cen

Name  
in  
Full

Jane Wiper

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town Died at	Smoening		County	MARYLAND		
Date of death 1903	Month April	Day 7	Age 74	Years	Months	Days
Sex Female	Color or Race	White	Birth- place Scotland			
Married, Single or Widowed	Widow		Occupation	—		
Name of Husband	Isaac Wiper (deceased)					
Father's Name	Peter Burk					
Mother's Maiden Name	Christina Hay					
Name of person giving Information	Isaac Wiper					

CAUSES OF DEATH

Primary	Chronic Bronchitis & Pneumonia	How long	8 years
Immediate		How long	2 days
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	James Q. Bullock
		Address	Smoening Maryland
Accident or Suicide?			



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

Susan Wright County

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND		
Date of death 190	Month	Day	Years	Months	Days
Sex	Color or Race	Occupation	Birth-Place		
Married, Single or Widowed	Lunger			None	
Name of Wife or Husband					
Father's Name	Jan Wright			Father's Birthplace	Md
Mother's Maiden Name				Mother's Birthplace	
Name of person giving information	Arthur Leathers, Capt. S.A. Bielawski			How related to deceased	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Epilepsy	of	How long	Several years
Immediate	Paralysis	of	How long	A suddenly
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	H. G. Wright
			Address	Glenn Dale Md.
Accident or Suicide?				

By Stage

Burned the day before  
Certificate was sent via

Burned at Rose Hill

April 28 & certificate

exp'd - n/a

Name  
in  
Full

Mr. William Youngblood.

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Cumberland</u>		Town	County <u>Allegany</u>		MARYLAND	
Date of death 1903	Month <u>April</u>	Day <u>2</u>	Age <u>54</u>	Years	Months	Days
Sex <u>Male</u>	Color or Race	<u>White</u>		Birth-place		
Married, Single or Widowed	<u>married</u>		Occupation			
Name of Wife or Husband						
Father's Name	Fether's Birthplace					
Mother's Maiden Name	Mother's Birthplace					
Name of person giving Information	How related to deceased					

CAUSES OF DEATH

Primary

Organic Cardiac disease

How long

one year

Immediate

Pulmonary Oedema

How long

4 days

Are the name, age, sex, color, date and place correctly given above?

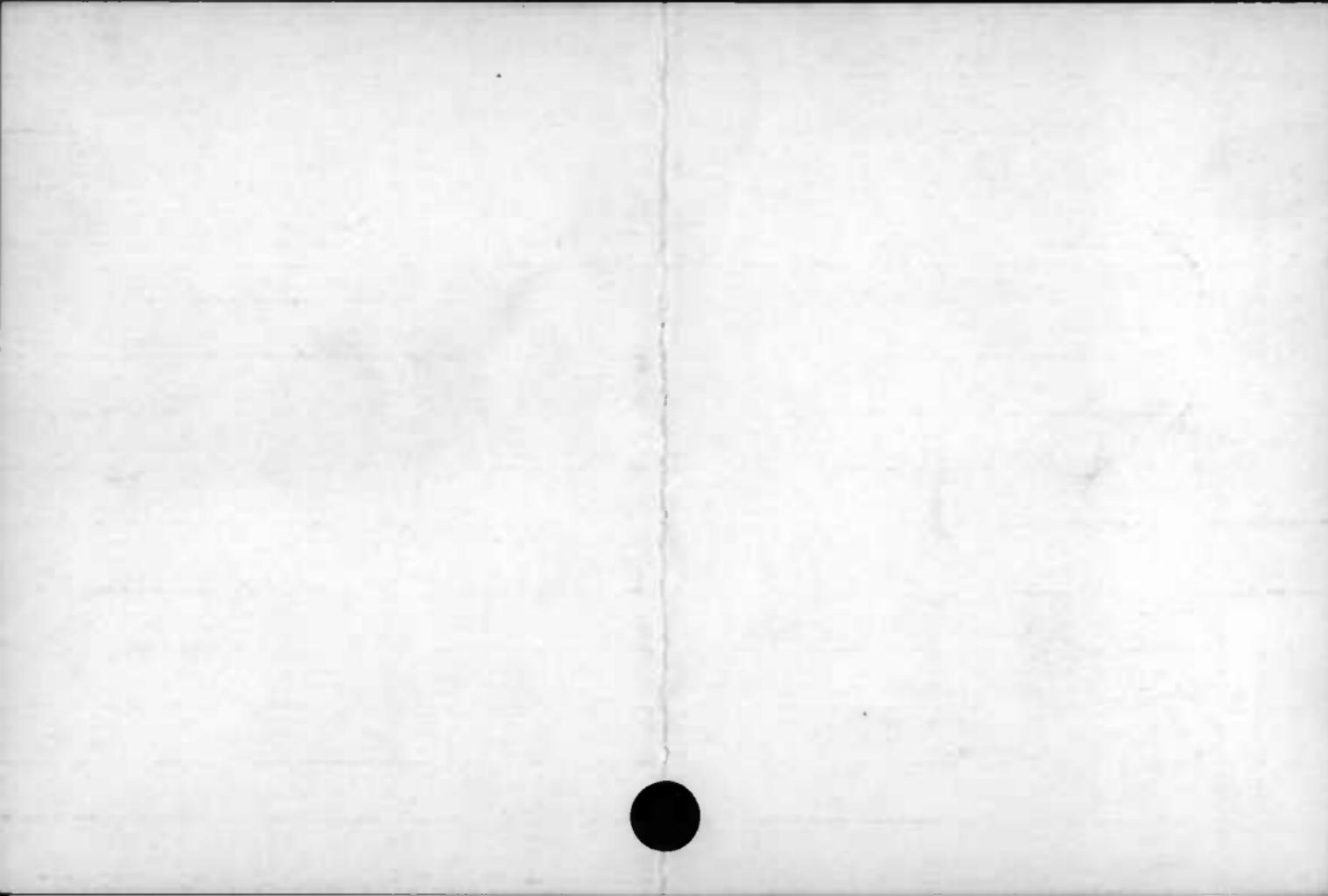
Signature of Physician

Address

James T. Johnson, M.D.  
Cumberland, Md.

Accident or Suicide?

PHYSICIAN  
OR CORONER



Name  
in  
Full

Infant of Fred Zink (1)

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Town	Cumberland			County	Alleghany		
Died at	Month	Day	Years	MARYLAND	Months	Days	
Date of death 1903	Apple	25	-	-	-	/	
Sex	Male	Color or Race	white	Birth-place	Cumberland		
Married, Single or Widowed	Single	Occupation	Infant				
Name of Wife or Husband	—						
Father's Name	Fred Zink			Father's Birthplace	Germany		
Mother's Maiden Name	Siegrie Vogel			Mother's Birthplace	Germany		
Name of person giving Information	Fred Zink			How related to deceased	Father		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Stillborn	{	Deformed Due to Cervix of Mother	How long
Immediate	Same			How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of  
Physician

Dr. Dope & Willy

Address

Cumberland Md

Accident or Suicide?

Banned by Stein in  
U.S. -  
without a permit.